

Title

Certification

I, <u>Ebone M Lewis</u>, as a duly authorized <u>Scottsdale Insurance Company</u> associate entrusted with oversight of the system of record from which this copy was produced, based upon information and belief, certify under the penalty of perjury that this attached copy of <u>OPS0062348</u>, <u>10/23/2013</u> to <u>10/23/2014</u> was made at or near the time of certification, as part of regularly conducted business activities, and is a true and accurate copy of the official record kept as part of regular business activities.

February 7, 2018
Signature
Date

EBONE M LEWIS

Print Name

CL Lead Processor

ADDENDUM

Some internal notes, stamps or typing on the Declaration sheet may appear. The intended use for these is internal only and may not have been a part of the policy received by the insured.

Policy fees, inspection fees or taxes, or additional instructional stamps may have appeared on the policy received by the insured but may not appear on this copy.



National Casualty Company

Scottsdale Indemnity Company



CLAIM REPORTING INFORMATION

Your insurance policy has been placed with the Scottsdale Insurance Group, a subsidiary of the Nationwide Insurance Company. The Scottsdale Insurance Group is a reliable, service-oriented group of companies that will help protect you against certain losses.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact the Scottsdale Insurance Group 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our Web site at www.scottsdaleins.com.

Thank you for your business and as always, we appreciate the opportunity to serve you.

HOW TO REPORT A CLAIM

Call 1-800-423-7675 or visit our Web site at www.scottsdaleins.com

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

Please refer to your policy for specific claim reporting requirements.

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.

Secretary President

The information contained herein replaces any similar information contained elsewhere in the policy.

UTS-COVPG (12-09)

COMMON POLI	CY DECLARATIONS	
Hor One Nationwide Plaz Adminis 8877 North Gainey Center I 1-80	INSURANCE COMPA me Office: ta o Columbus, Ohio 43215 strative Office: Drive o Scottsdale, Arizona 8525 0-423-7675 CK COMPANY	
ITEM 1. Named Insured and Mailing Address		
BLAKE REIDHEAD, INC. DBA BDR TRANSPORT P.O. BOX 1649 CORTARO AZ 85652		
Agent Name and Address		
COLONIAL GENERAL (INSURANCE) (AGENCY INC) (5373 S GREEN ST STE (525) (MURRAY UT 84123)	Agent No .: 43006	Program No.: NONE
ITEM 2. Policy Period From: 10-23-2013	To:10-23-2014	Term:1 Year
12:01 A.M., Standard Time a	t the mailing address shown in ITEM	1.

Business Description: TRUCKING FOR HIRE

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ NOT COVERED
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime And Fidelity Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ 5,428.00
Commercial Auto Coverage Part	\$ 135,735.00
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
	\$
Total Policy Premium	\$ 141,163.00
	\$
	\$
Policy Total	\$ 141,163.00

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. OPS0062348 Effective Date: 10-23-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC. **Agent No.** 43006

COMMON POLICY FORMS AND E	PNINOD CEMENING
NOTX0178CW 02- UTS-COVPG 12-	-06 CLAIM REPORTING INFORMATION -09 COVER PAGE
OPS-D-1	-10 COMMON POLICY DECLARATIONS -95 SCHEDULE OF FORMS & ENDORSEMENTS
IL 00 17	-98 COMMON POLICY CONDITIONS -08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 00 21 09- IL 02 58 01- IL 09 35 07-	-12 ARIZONA CHANGES-CANC & NONRENEWAL -02 EXCL OF CERTAIN COMPUTER-RELATED LOSSES
NOTX0178CW 02- UTS-COVPG 12- OPS-D-1 08- UTS-SP-2L 12- IL 00 17 11- IL 00 21 09- IL 02 58 01- IL 09 35 07- IL 09 52 03- IL 09 85 01- UTS-74G 08-	-08 CAP/LOSSES FROM CERTIFIED ACTS OF TERROR -08 DISCLOSURE PURSUANT/TERROR RISK INS ACT
ŪTS=74Ğ Ö8-	-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
INLAND MARINE FORMS AND E	ENDORSEMENTS
CIS-SD-2 04- CM 00 01 09- CM 01 43 06- IMS-53 04- IMS-56 04- IMS-72 04- IMS-77 04- IMS-P-3 04-	-12 MOTOR TRUCK CARGO COV SUPP DEC -04 COMMERCIAL IM CONDITIONS
CM 01 43 06-	-04 ARIZONA CHANGES
IMS-56 04-	-12 ADDITIONAL PROPERTY NOT COVERED
IMS-72	-12 SCHEDULED AUTO LIMITATION -12 THEFT FROM UNATTENDED AUTO EXCLUSION
ĪMS-P-3 04-	-12 MOTOR TRUCK CARGO COVERAGE FORM
AUTOMOBILE FORMS AND ENDO	
CTS-SD-1 10- UTS-234 04-	-13 MOTOR CARRIER COV FORM SUPP DEC -06 SCHEDULE OF COVERED AUTOS YOU OWN
UTS-232 03- CAS-141 09-	-10 SCHEDULE OF LOSS PAYEE(S)
CA 00 20 03-	-10 MOTOR CARRIER COVERAGE FORM
CA 01 75 07- CA 03 01 03-	-10 DEDUCTIBLE LIABILITY COVERAGE
CA 04 44 03- CA 20 01 03-	-06 ADDL INSD-LESSOR
CA 20 48 02- CA 21 39 07-	-09 AZ UNINSURED MOTORIST COVERAGE
CA 21 40 07- CA 99 28 03-	-10 STATED AMOUNT INSURANCE
CA 99 44 12- UTS-3G 03-	-93 LOSS PAYABLE CLAUSE -92 AMENDED MILEAGE RESTRICTION
CTS-SD-1 10- UTS-234 04- UTS-232 03- CAS-141 09- CA 00 20 03- CA 01 75 07- CA 03 01 03- CA 04 44 03- CA 20 01 03- CA 20 48 02- CA 21 39 07- CA 21 40 07- CA 99 28 03- CA 99 44 12- UTS-3G 03- MC 1622Q 11-	-11 ENDORSEMENT FOR MOTOR CARRIER POLICIES

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COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

- The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- 2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - **b.** 30 days before the effective date of cancellation if we cancel for any other reason.
- We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
- **4.** Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- 5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
- **6.** If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

- 1. We have the right to:
 - a. Make inspections and surveys at any time;

- Give you reports on the conditions we find; and
- c. Recommend changes.
- 2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
- Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
- 4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

- Is responsible for the payment of all premiums; and
- Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

- 1. The insurance does not apply:
 - **A.** Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - **B.** Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

- C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
- **2.** As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";

- (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste":

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

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ARIZONA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- **A.** The following is added to the **Cancellation** Common Policy Condition (and applies except in situations where **B.**, below, applies):
 - 7. Cancellation Of Policies In Effect For 60 Days Or More

If this policy has been in effect for 60 days or more, or if this policy is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

- a. Nonpayment of premium;
- Your conviction of a crime arising out of acts increasing the hazard insured against;
- **c.** Acts or omissions by you or your representative constituting fraud or material misrepresentation in the procurement of this policy, in continuing this policy or in presenting a claim under this policy;
- d. Substantial change in the risk assumed, except to the extent that we should have reasonably foreseen the change or contemplated the risk in writing the contract;
- **e.** Substantial breach of contractual duties or conditions;

- f. Loss of reinsurance applicable to the risk insured against resulting from termination of treaty or facultative reinsurance initiated by our reinsurer or reinsurers;
- g. Determination by the Director of Insurance that the continuation of the policy would place us in violation of the insurance laws of this state or would jeopardize our solvency; or
- **h.** Acts or omissions by you or your representative which materially increase the hazard insured against.

If we cancel this policy based on one or more of the above reasons, we will mail by certified mail to the first Named Insured, and mail to the agent, if any, written notice of cancellation stating the reason(s) for cancellation. We will mail this notice to the last mailing addresses known to us, at least:

- **a.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- **b.** 45 days before the effective date of cancellation if we cancel for any of the other reasons.

- B. If the Commercial Property Coverage Part, Capital Assets Program (Output Policy) Coverage Part or the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form provides coverage for:
 - Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
 - Personal property (except business or farm personal property) of a person residing in such real property;

the following provisions apply (instead of those provided in Item **A.** above) with respect to cancellation of such coverage:

If this policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel only for one or more of the following reasons:

- a. Nonpayment of premium;
- **b.** Your conviction of a crime arising out of acts increasing the hazard insured against;
- c. Acts or omissions by you or your representative constituting fraud or material misrepresentation in obtaining the policy, continuing the policy or presenting a claim under the policy;
- **d.** Discovery of grossly negligent acts or omissions by you substantially increasing any of the hazards insured against;
- e. Substantial change in the risk assumed by us, since the policy was issued, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing the contract;
- f. A determination by the Director of Insurance that the continuation of the policy would place us in violation of the insurance laws of this state; or
- **g.** Your failure to take reasonable steps to eliminate or reduce any conditions in or on the insured premises which contributed to a loss in the past or will increase the probability of future losses.

If we cancel this policy based on one or more of these reasons, we will mail written notice of cancellation, stating the reason(s) for cancellation, to the first Named Insured. We will mail this notice to the last mailing address known to us, at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- (2) 30 days before the effective date of cancellation, if we cancel for any of the other reasons.

C. The following is added and supersedes any provision to the contrary (and applies except in situations where **D.**, below, applies):

Nonrenewal

- If we elect not to renew this policy, we will mail by certified mail to the first Named Insured, and mail to the agent, if any, written notice of nonrenewal. We will mail this notice to the last mailing addresses known to us at least 45 days prior to the expiration of this policy.
- **2.** If notice is mailed, proof of mailing will be sufficient proof of notice.
- 3. If either one of the following occurs, we are not required to provide written notice of nonrenewal:
 - We or a company within the same insurance group has offered to issue a renewal policy; or
 - **b.** You have obtained replacement coverage or agreed in writing to do so.
- 4. If written notice of nonrenewal is mailed less than 45 days prior to expiration of this policy, and neither 3.a. or 3.b. applies, the coverage shall remain in effect until 45 days after the notice is mailed. Earned premium for any period of coverage that extends beyond the expiration date of this policy shall be considered pro rata based upon the previous year's rate.
- D. If the Commercial Property Coverage Part, Capital Assets Program (Output Policy) Coverage Part or the Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form provides coverage for:
 - Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
 - **2.** Personal property (except business or farm personal property) of a person residing in such real property;

the following provisions apply (instead of those provided in Item **C.** above) with respect to nonrenewal of such coverage:

- If we elect not to renew, we will mail written notice of nonrenewal to the first Named Insured. We will mail this notice to the last mailing address known to us, at least 30 days before the end of the policy period. Proof of mailing will be sufficient proof of notice.
- **2.** If either one of the following occurs, we are not required to provide notice of nonrenewal:
 - a. You have agreed to nonrenewal; or
 - **b.** You have accepted replacement coverage.

- 3. If our nonrenewal is based on the condition of the premises, you will be given 30 days' notice to remedy the identified conditions. If the identified conditions are remedied, coverage will be renewed. If the identified conditions are not remedied to our satisfaction, you will be given an additional 30 days, upon payment of premium, to correct the defective conditions.
- **E.** The following condition is added:

Renewal

- 1. If we elect to renew this policy and the renewal is subject to any of the following:
 - a. Increase in premium;
 - b. Change in deductible;
 - c. Reduction in limits of insurance; or
 - **d.** Substantial reduction in coverage;

we will mail or deliver written notice of the change(s) to the first Named Insured, at the last mailing address known to us, at least 30 days before the anniversary or expiration date of the policy.

- 2. If renewal is subject to any condition described in 1.a. through 1.d. above, and we fail to provide notice 30 days before the anniversary or expiration date of this policy, the following procedures apply:
 - **a.** The present policy will remain in effect until the earlier of the following:
 - (1) 30 days after the date of mailing or delivery of the notice; or
 - (2) The effective date of replacement coverage obtained by the first Named Insured.
 - b. If the first Named Insured elects not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the following rates:
 - (1) The rates applicable to the terminated policy; or
 - (2) The rates presently in effect.
 - c. If the first Named Insured accepts the renewal, the premium increase, if any, and other changes are effective the day following this policy's anniversary or expiration date.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART CRIME AND FIDELITY COVERAGE PART STANDARD PROPERTY POLICY

- A. We will not pay for loss ("loss") or damage caused directly or indirectly by the following. Such loss ("loss") or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss ("loss") or damage.
 - **1.** The failure, malfunction or inadequacy of:
 - **a.** Any of the following, whether belonging to any insured or to others:
 - Computer hardware, including microprocessors;
 - (2) Computer application software;
 - (3) Computer operating systems and related software:
 - (4) Computer networks;
 - (5) Microprocessors (computer chips) not part of any computer system; or
 - **(6)** Any other computerized or electronic equipment or components; or
 - b. Any other products, and any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in Paragraph A.1.a. of this endorsement;

due to the inability to correctly recognize, process, distinguish, interpret or accept one or more dates or times. An example is the inability of computer software to recognize the year 2000.

- 2. Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph A.1. of this endorsement.
- **B.** If an excluded Cause of Loss as described in Paragraph **A.** of this endorsement results:
 - In a Covered Cause of Loss under the Crime and Fidelity Coverage Part, the Commercial Inland Marine Coverage Part or the Standard Property Policy; or
 - 2. Under the Commercial Property Coverage Part:
 - a. In a "Specified Cause of Loss", or in elevator collision resulting from mechanical breakdown, under the Causes of Loss Special Form; or
 - b. In a Covered Cause of Loss under the Causes Of Loss – Basic Form or the Causes Of Loss – Broad Form;

we will pay only for the loss ("loss") or damage caused by such "Specified Cause of Loss", elevator collision, or Covered Cause of Loss.

C. We will not pay for repair, replacement or modification of any items in Paragraphs A.1.a. and A.1.b. of this endorsement to correct any deficiencies or change any features.

IL 09 52 03 08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART EQUIPMENT BREAKDOWN COVERAGE PART FARM COVERAGE PART STANDARD PROPERTY POLICY

A. Cap On Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- 1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application Of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

POLICY NUMBER: OPS0062348

(Page 9 of 196)

IL 09 85 01 08

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$ INCLD This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):
INLAND MARINE
Additional information, if any, concerning the terrorism premium:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT	
NO.	

Attached to and forming a part of
Policy No. OPS0062348
Named Insured BLAKE REIDHEAD, INC.

Endorsement Effective Date 10-23-13 12:01 A.M., Standard Time

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

In consideration of the premium charged, it is agreed that this policy does not apply to a claim of or indemnification for punitive or exemplary damages.

Punitive or exemplary damages also include any damages awarded pursuant to statute in the form of double, treble or other multiple damages in excess of compensatory damages.

If suit is brought against any insured for a claim falling within coverage provided under the policy, seeking both compensatory and punitive or exemplary damages, then the Company will afford a defense to such action; however, the Company will have no obligation to pay for any costs, interest or damages attributable to punitive or exemplary damages.

SCOTTSDALE INSURANCE COMPANY® COMMERCIAL INLAND MARINE COVERAGE PART MOTOR TRUCK CARGO COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: <u>OPS0062348</u> Effect	tive Date: 10-23-13	
	12:01 A.M. Stand	dard Time
Named Insured: BLAKE REIDHEAD, INC.	Agent No.: _43006	
Item 1—Business Description: Form of Business: ☒ Corporation ☐ Limited Liability Compared ☐ Other:	ıny 🗌 İndividual 📗 F	^p artnership
Audit Period (if applicable): Annually Semi-Annually	Quarterly N	<i>l</i> onthly
Item 2—Description of Covered Property		-
BLDG MATERIALS, AGGREGATES		_
Item 3—Coverage, Limits of Insurance and Premium		D
Coverage	Limits of Insurance	Premium
Motor Truck Cargo Coverage: Property In Or On Any Automobile, Truck Or Other Power Unit, Including Property In All Attached Trailers	\$ 100000	\$ 5428
If this box is checked, see Scheduled Automobile Limitation .	See Scheduled Automobile Limitation Endorsement	\$
Owner's Cargo Coverage	See Schedule on Owner's Cargo Coverage Endorsement	\$
Contingent Cargo Coverage	See Schedule on Contingent Cargo Coverage Endorsement	\$
Property At Terminals, But We Will Cover Only At The Following Terminals:		\$
1. 2. 3.	\$ \$ \$	
If this box is checked, see Schedule of Additional Terminals.	See Schedule of Additional Terminals	
All Covered Property In Any One Occurrence	\$ 500000	\$
Deductible: \$ 2500	Premium for Endorsements	\$
	Estimated Total Premium (This policy may be subject to final audit.):	\$

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SCOTTSDALE INSURANCE COMPANY® COMMERCIAL INLAND MARINE COVERAGE PART MOTOR TRUCK CARGO COVERAGE FORM **SUPPLEMENTAL DECLARATIONS (continued)**

Policy No.: OPS00623	348	Effective Date: 10-23-	
Named Insured: BLAKE	REIDHEAD, INC.	12:0 Agent No.:	O1 A.M. Standard Time 43006
Item 4—Reporting Policies			
Reporting Period	Estimated Annual Gross Receipts Mileage Reported Autos	Rate Per \$100 Per Mile Per Auto	Estimated Annual Premium
DR (Daily) WR (Weekly) MR (Monthly) QR (Quarterly) PR (Policy Year)	\$	\$	\$
Limit of Insurance: \$ Deductible: \$		Deposit: Minimum Premium:	\$ \$ \$
Item 5—Special Provision	s (if any):		
EODING AND ENDODGEN	MENTS (Other than applies bla Eq	rms and Endersoments shown s	Nowhere in this policy)
	MENTS (Other than applicable For		
Form(s) and Endorsement See Schedule of Forms ar	t(s) applying to this Coverage Fol nd Endorsements	rm and made part of this policy	when issued:

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE ABOVE-NUMBERED POLICY.

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COMMERCIAL INLAND MARINE CM 00 01 09 04

COMMERCIAL INLAND MARINE CONDITIONS

The following conditions apply in addition to the Common Policy Conditions and applicable Additional Conditions in Commercial Inland Marine Coverage Forms:

LOSS CONDITIONS

A. Abandonment

There can be no abandonment of any property to us.

B. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- 1. Pay its chosen appraiser; and
- **2.** Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

C. Duties In The Event Of Loss

You must see that the following are done in the event of loss or damage to Covered Property:

- Notify the police if a law may have been broken.
- **2.** Give us prompt notice of the loss or damage. Include a description of the property involved.
- As soon as possible, give us a description of how, when and where the loss or damage occurred.
- 4. Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.

- **5.** You will not, except at your own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.
- 6. As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.
 - Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.
- 7. We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.
- 8. Send us a signed, sworn proof of loss containing the information we request to settle the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
- **9.** Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or suit.
- **10.** Cooperate with us in the investigation or settlement of the claim.

D. Insurance Under Two Or More Coverages

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

E. Loss Payment

- **1.** We will give notice of our intentions within 30 days after we receive the sworn proof of loss.
- **2.** We will not pay you more than your financial interest in the Covered Property.
- 3. We may adjust losses with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claim against us for the owners' property. We will not pay the owners more than their financial interest in the Covered Property.
- 4. We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.

- 5. We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss if you have complied with all the terms of this Coverage Part and:
 - **a.** We have reached agreement with you on the amount of the loss; or
 - **b.** An appraisal award has been made.
- **6.** We will not be liable for any part of a loss that has been paid or made good by others.

F. Other Insurance

- 1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Coverage Part. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Coverage Part bears to the Limits of Insurance of all insurance covering on the same basis.
- 2. If there is other insurance covering the same loss or damage, other than that described in 1. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

G. Pair. Sets Or Parts

1. Pair Or Set

In case of loss or damage to any part of a pair or set we may:

- a. Repair or replace any part to restore the pair or set to its value before the loss or damage; or
- **b.** Pay the difference between the value of the pair or set before and after the loss or damage.

2. Parts

In case of loss or damage to any part of Covered Property consisting of several parts when complete, we will only pay for the value of the lost or damaged part.

H. Recovered Property

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expenses to repair the recovered property, subject to the Limit of Insurance.

I. Reinstatement Of Limit After Loss

The Limit of Insurance will not be reduced by the payment of any claim, except for total loss or damage of a scheduled item, in which event we will refund the unearned premium on that item.

J. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Part has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

- 1. Prior to a loss to your Covered Property.
- **2.** After a loss to your Covered Property only if, at time of loss, that party is one of the following:
 - a. Someone insured by this insurance; or
 - b. A business firm:
 - (1) Owned or controlled by you; or
 - (2) That owns or controls you.

This will not restrict your insurance.

GENERAL CONDITIONS

A. Concealment, Misrepresentation Or Fraud

This Coverage Part is void in any case of fraud, intentional concealment or misrepresentation of a material fact, by you or any other insured, at any time, concerning:

- 1. This Coverage Part;
- 2. The Covered Property;
- 3. Your interest in the Covered Property; or
- 4. A claim under this Coverage Part.

B. Control Of Property

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance.

The breach of any condition of this Coverage Part at any one or more locations will not affect coverage at any location where, at the time of loss or damage, the breach of condition does not exist.

C. Legal Action Against Us

No one may bring a legal action against us under this Coverage Part unless:

- 1. There has been full compliance with all the terms of this Coverage Part; and
- 2. The action is brought within 2 years after you first have knowledge of the direct loss or damage.

D. No Benefit To Bailee

No person or organization, other than you, having custody of Covered Property will benefit from this insurance.

E. Policy Period, Coverage Territory

We cover loss or damage commencing:

- During the policy period shown in the Declarations; and
- 2. Within the coverage territory.

F. Valuation

The value of property will be the least of the following amounts:

1. The actual cash value of that property;

- 2. The cost of reasonably restoring that property to its condition immediately before loss or damage; or
- **3.** The cost of replacing that property with substantially identical property.

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

COMMERCIAL INLAND MARINE CM 01 43 06 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART

- **A.** The following exclusion is added:
 - **1.** We will not pay for loss or damage arising out of any act committed:
 - a. By or at the direction of any insured; and
 - **b.** With the intent to cause a loss.
 - 2. However, this exclusion will not apply to deny an insured's claim for an otherwise covered property loss under this Coverage Part if such loss is caused by an act of domestic violence by another insured under this Coverage Part and the insured making claim:
 - a. Did not cooperate in or contribute to the creation of the loss; and
 - **b.** Cooperates in any investigation relating to the loss.
 - 3. If we pay a claim pursuant to Paragraph A.2., our payment to the insured is limited to that insured's insurable interest in the property as reduced by any payments we first made to a mortgagee or other party with a secured interest in the property. In no event will we pay more than the Limit of Insurance.
- B. The Transfer Of Rights Of Recovery Against Others To Us Loss Condition in the Commercial Inland Marine Conditions is amended by the addition of the following:

If we pay an insured for a loss described in Paragraph A.2., the rights of the insured to recover damages from the perpetrator of the domestic violence are transferred to us to the extent of our payment. Following the loss, the insured may not waive such rights to recover against the perpetrator of the domestic violence.

C. The **Concealment, Misrepresentation Or Fraud** General Condition in the Commercial Inland Marine Conditions is replaced by the following:

We will not pay for any loss or damage in any case involving misrepresentations, omissions, concealment of facts or incorrect statements:

- 1. That are fraudulent;
- 2. That are material either to the acceptance of the risk, or to the hazard assumed by us; and
- 3. Where, if the true facts had been made known to us as required either by the application for the policy or otherwise, we in good faith would either:
 - a. Not have issued the policy;
 - Not have issued the policy in as large an amount; or
 - **c.** Not have provided coverage with respect to the hazard resulting in the loss.



ENDORSEMENT
NO

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

COMMON TERMS AMENDED

The following terms, used throughout this Policy, are replaced by the term Motor Truck Cargo Coverage Form:

Motor Truck Cargo Carriers Coverage Form; and

Motor Truck Cargo Owners Coverage Form.

SCOTTSDALE INSURANCE COMPANY®	ENDORSEMENT NO.
Attached to and forming a part of	Endorsement Effective Date 10-23-13
Policy No. OPS0062348	12:01 A.M., Standard Time
Named Insured BLAKE REIDHEAD, INC.	Agent No. 43006

ADDITIONAL PROPERTY NOT COVERED

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Paragraph 2. Property Not Covered of Section A. Coverage if an "X" is shown in the corresponding box in the Schedule below:

SCHEDULE

Description of Property			
Х	1.	Alcoholic Beverages (except beer and wine)	
X	2.	Tobacco products	
X	3.	Eggs	
	4.	Other:	
	5.	Other:	
	6.	Other:	
	7.	Other:	
	8.	Other:	

	/
AUTHORIZED REPRESENTATIVE	DATE

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SCOTTSDALE INSURANCE COMPANY®	ENDORSEMENT NO.
Attached to and forming a part of	Endorsement Effective Date 10-23-13
Policy No. OPS0062348	12:01 A .M., Standard Time
Named Insured BLAKE REIDHEAD, INC.	Agent No. 43006

SCHEDULED AUTO LIMITATION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Section C. Limits of Insurance:

- 1. We only cover loss to Covered Property on or in an "auto" if the "auto" is described in the Auto Schedule shown below. The most we will pay for loss to Covered Property on or in a scheduled "auto" is the limit indicated in the schedule for the "auto" that is involved in the loss.
- 2. The same Limit of Insurance for Covered Property for a designated "auto" will also apply to any "auto" you do not own while used as a temporary substitute for any "auto" shown in the Auto Schedule below that is out of service due to:
 - a. Breakdown;
 - **b.** Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

AUTO SCHEDULE

Auto No.	Auto Description	Limit
7	2001 PETERBILT VIN#1XP5DB9X41N542095	\$ 100,000
8	2001 PETERBILT VIN#1XP5DB9X01N542093	\$ 100,000
9	2001 PETERBILT VIN#1XP5DB9X11D562519	\$ 100,000
10	2001 PETERBILT VIN#1XP5DB9X21D542098	\$ 100,000
13	2002 PETERBILT VIN#1XP5DB9X92D578064	\$ 100,000
		\$

13	2002 PETERBILT VIN#1XP5DB9X92D578064	\$ 100,000
		\$
<u> </u>		
l If this	s box is checked, see Schedule of Additional Scheduled Autos for Sc	heduled Auto Limitation.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THEFT FROM UNATTENDED AUTO EXCLUSION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Section **B. Exclusions**:

Theft From Unattended Auto

We do not pay for loss or damage caused by or resulting from theft of property from an "auto" or theft or disappearance of property in or on an "auto" when the "auto" is stolen or disappears unless at the time of the loss:

- **1.** You have parked the "auto" overnight in a fenced and lighted area; or
- 2. The employee or owner-operator is in or on the "auto" while the "auto" is in transit or with the "auto" at a terminal or other location for loading or unloading; or
- **3.** The employee or owner-operator is within 1,000 feet of the "auto" in conjunction with regular and normal breaks while in due course of transit.

MOTOR TRUCK CARGO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section F. Definitions.

A. Coverage

We will pay those sums that you become legally obligated to pay for loss to Covered Property caused by a Covered Cause of Loss.

1. Covered Property

We will pay all sums you must pay because of loss to lawful goods and merchandise of others while in your custody or control in the ordinary course of transit for which you are legally liable as a motor carrier under a written or electronic bill of lading, shipping receipt or written contract of carriage.

We have the right and duty to defend any insured against a "suit" asking payment for such loss. However, we have no duty to defend any insured against a "suit" seeking payment for loss to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the cargo coverage Limits of Insurance shown in the Declarations has been exhausted by payment of judgments or settlements.

2. Property Not Covered

Covered Property does not include:

- **a.** Accounts, bills, currency, deeds, evidences of debt, letters of credit, money, notes, securities, or other documents of value;
- **b.** Bullion, gold or other precious metals, jewelry, watches, precious or semiprecious stones;
- **c.** Furs or garments trimmed with fur;
- **d.** Coin collections, stamp collections or other collectibles:

- **e.** Live animals unless death or destruction is directly resulting from or made necessary by a "specified peril."
- f. The "auto(s)" carrying the property or its equipment, including tarpaulins and fittings; including "autos" you own, lease, hire, rent or borrow.
- **g.** Intermodal containers, unless included in the value of the shipment;
- h. Property while waterborne. However, we cover property while aboard vessels on inland waterways when the waterborne transportation is incidental to the land portion of the journey;
- i. Import shipments:
 - (1) Until discharged from the import conveyance; or
 - (2) Until Ocean Marine insurance ceases;

whichever occurs last;

- j. Export shipments:
 - (1) After placed on the outbound conveyance; or
 - (2) When Ocean Marine insurance applies to the shipment;

whichever occurs first;

- **k.** Works of art unless described in the Declarations:
- **I.** Contraband, or property in the course of illegal transportation or trade;
- m. Copper when specifically described on the bill of lading, shipping receipt or contract of carriage; or

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n. Aluminum when specifically described on the bill of lading, shipping receipt or contract of carriage.

3. Covered Causes Of Loss

Covered Causes of Loss means Direct Physical Loss Or Damage to Covered Property for which you are legally liable except those causes of loss listed in the Exclusions.

4. Coverage Extensions

These extensions are in addition to the Limits of Insurance shown in the Declarations.

a. Earned Freight Charges

We also cover your earned freight charges that you are unable to collect arising from a loss covered by this coverage form.

b. Newly Acquired Terminals

If this policy covers terminal locations shown in the Declarations you may extend that insurance to apply to:

(1) Terminals you acquire or lease at locations other than the described premises.

The most we will pay for loss or damage under this extension is \$50,000 at each terminal.

(2) Period of Coverage

With respect to insurance at each newly acquired terminal, coverage will end when any of the following first occurs:

- (a) This policy expires;
- **(b)** Up to thirty (30) days from the date you acquire or lease the terminal; or
- **(c)** You report the acquired or leased terminal to us.

We will charge you additional premium from the date you acquire or lease the terminal.

c. Removal Expenses

(1) Coverage

(a) We will pay the cost for which you are legally liable to remove the debris of

covered property that is caused by a covered peril that occurs during the policy period. Debris removal does not include clean-up or removal of "pollutants" except as provided in 1.a.(2) below.

(b) We will pay expenses for which you are legally liable to extract "pollutants" from land or water if the release, discharge or dispersal of the "pollutants" is a direct result of a covered peril that occurs during the policy period to covered property.

(2) Exclusion

This extension of coverage, removal expenses, does not include costs to:

- (a) Repair or replace damage to your "auto" from "pollutants"; or
- **(b)** Remove, restore or replace polluted land or water.
- (3) The most we pay in any one occurrence during the policy period for Debris Removal is \$25,000.
- (4) We do not pay any costs or expenses unless they are reported to us in writing within one hundred eighty (180) days of the earlier of:
 - (a) The date of direct physical loss to covered property; or
 - (b) The end of the policy period.

d. Claim Mitigation Expense

We will pay the necessary expense you incur to prevent further loss to Covered Property if that expense is incurred within a twelve (12) hour period after a covered cause of loss occurs.

The most we will pay under this coverage extension is \$5,000 in any one occurrence. No deductible will be applied to claim mitigation expense.

e. Fire Department Service Charge

We will pay up to \$25,000 to cover your liability for fire department service charges. This coverage is limited to charges incurred when

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the fire department is called to save or protect covered property from a covered peril.

f. Reload Expense

We will pay to reload Covered Property which has spilled due to a covered cause of loss to the auto.

g. Traffic and Security Expense

We will pay the cost to control traffic and provide security to oversee and/or roundup the cargo if there is an occurrence which causes us to tow and/or reload Covered Property which has spilled due to a covered cause of loss to the auto.

5. Supplementary Payments

In addition to the applicable Limits of Insurance shown in the Declarations, we will pay, with respect to any claim we investigate or settle, or a "suit" against any insured we defend:

- 1. All expenses we incur.
- 2. The cost of bonds or release attachments in any "suit" against the insured we defend, but only for bond amounts within our Limits of Insurance shown in the Declarations.
- 3. All reasonable expenses incurred by you at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- 4. All costs taxed against the insured in any "suit" against the insured we defend.
- 5. Interest in the full amount of any judgment that accrues after entry of the judgment in any "suit" against the insured we defend; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limits of Insurance shown in the Declarations.
- 6. Prejudgment interest on the amount of any judgment in any "suit" against the insured on that part of the judgment we pay. If we make an offer to pay the applicable Limits of Insurance shown in the Declarations, we will not pay any prejudgment interest based on that period of time after the offer.

B. Exclusions

This insurance does not apply to:

1. Your liability for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

a. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this coverage form.

b. Nuclear Hazard

Any weapon employing atomic fission or fusion; or

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if nuclear reaction or radiation, or radioactive contamination results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this coverage form.

c. War And Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution. usurped power, or action taken by governmental authority in hindering or defending against any of these.

Exclusions **B.1.a.** through **B.1.c.** apply whether or not the loss event results in widespread damage or affects a substantial area.

2. Your liability for loss or damage caused by or resulting from any of the following:

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- a. Improper packing, packaging or stowage, or rough handling.
- b. Delay, loss of use, loss of market or any other indirect or consequential loss.
- c. Breakdown of refrigeration or heating equipment. But we will pay for such loss caused directly by fire, lightning, explosion, windstorm, vandalism, aircraft, rioters, strikers, theft or attempted theft, or by "accident" to the "auto" carrying the property if these causes of loss would be covered under this coverage form.
- **d.** Your operation as a transportation broker or freight forwarder.
- e. Dishonest or criminal act committed by:
 - (1) You, any of your partners, employees, directors, trustees, or authorized representatives:
 - (2) A manager or a member if you are a limited liability company:
 - (3) Anyone else with an interest in the property, or their employees or authorized representatives; or
 - (4) Anyone else to whom the property is entrusted for any purpose.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

This exclusion does not apply to Covered Property that is entrusted to others who are carriers for hire or to acts of destruction by your employees, but theft by employees (including leased employees) is not covered.

- 3. Your liability for loss or damage caused by or resulting from any of the following. But if loss or damage by a Covered Cause of Loss results, we will pay for the loss or damage caused by that Covered Cause of Loss.
 - a. Any quality in the property that causes it to damage or destroy itself.
 - **b.** Contamination, gradual deterioration corrosion.
 - **c.** Dampness, extremes of temperature.

- d. Insects, vermin or rodents.
- e. Cotton, within seventy-two (72) hours after ginning.
- Voluntary parting whether or not induced to do so by fraudulent scheme, trick or false pretense.
- 4. We will not pay for any costs, fines or penalties you incur for your violation of any law or regulation that applies to your delay in payments, denial or settlement of any claim made against you by others for loss to Covered Property.

C. Limits Of Insurance

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. Deductible

We will not pay for loss or damage in any one occurrence until the amount of the adjusted loss or damage before applying the applicable Limits of Insurance shown in the Declarations exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted loss or damage in excess of the Deductible, up to the applicable Limits of Insurance shown in the Declarations.

E. Additional Conditions

1. The Valuation General Condition in the Commercial Inland Marine Conditions is replaced by the following:

The value of property will be the least of the following amounts:

- a. The cost of reasonably restoring that property to its condition immediately before loss;
- b. The cost of replacing that property with substantially identical property;
- c. The value, if any, stated in the bill of lading, shipping receipt or contract of carriage; or
- d. The limitation stated in the tariff.

In the event of loss, the value of property will be determined as of the time of loss or damage.

2. The following condition applies in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

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Coverage Territory

We cover property wherever located within:

- The United States of America (including its territories and possessions);
- (2) Puerto Rico; and
- (3) Canada.
- 3. The premium charged at inception is based on the Covered Property shown under Item 2. of the Supplemental Declarations. This policy may be subject to additional premium in the event of loss or damage to Covered Property not described on the Supplemental Declarations.

4. Bankruptcy

Bankruptcy or insolvency of the insured or the insured's estate will not relieve us of any obligation under this coverage form.

5. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

6. Premium Audit

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

F. Definitions

- 1. "Accident" means:
 - a. Upset or overturn of the transporting "auto"; or
 - **b.** The violent and accidental contact of the transporting "auto" with another "auto" or object, but not including contact with:
 - (1) The roadbed or curbing;
 - (2) Rails or ties of street, steam or electric railroad; or
 - (3) Any stationary object while backing for loading or unloading purposes.

2. "Auto" means:

- **a.** A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
- b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.
- 3. "Pollutants" means:

Any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

- 4. "Specified peril" means the perils of:
 - a. Fire;
 - **b.** Lightning;
 - c. Windstorm;
 - **d.** Hail;
 - e. Collapse of bridges or culverts;
 - Collision or overturn, or derailment of a transporting conveyance; or
 - g. Theft.
- **5.** "Suit" includes an arbitration proceeding to which you must submit or submit with our consent.
- **6.** "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer.

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COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: <u>OPS0062348</u>		Effective Date: <u>1</u> 0-23-13	
Named Insured: BLAKE REID	HEAD, INC.	12:01 A.M. Standa Agent No.: 43006	ard Time
Item 1.—Business Description: Form of Business: ☐ Corpora ☐ Other:	TRUCKING F	OR HIRE d Liability Company 🔲 Individual 🔲 Partnershi	р
Audit Period (if applicable)	Annually S	emi-Annually 🔲 Quarterly 🔲 Monthly	
Item 2.—Schedule of Coverages	s and Covered A ut	os	
erages will apply only to those '	'autos" shown as c ore of the symbols e.	e a charge is shown in the premium column below. overed "autos." "Autos" are shown as covered "autos" from the COVERED AUTOS Section of the Motor Car	for a particular cov-
Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Premium
Covered Autos Liability	67	\$1,000,000	\$ 81,438
Personal Injury Protection (P.I.P.) (or equivalent No-fault coverage)		Separately stated in each P.I.P. endorsement, minus any Deductible shown therein or scheduled on form CAS-117.	
Added P.I.P. (or equivalent added No-fault coverage)		Separately stated in each added P.I.P. endorsement.	
Property Protection Insurance (P.P.I.) (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible for each "accident."	
Auto Medical Payments		each insured	
Medical Expense And Income Loss Benefits (Virginia only)		Separately stated in the Medical Expense And Income Loss Benefits endorsement.	
Uninsured Motorists (UM)	67	Separately stated in each UM endorsement.	\$ 468
Underinsured Motorists (UIM) (when not included in UM Coverage)	67	Separately stated in each UIM endorsement.	\$ 390
Trailer Interchange Comprehensive Coverage		Least of actual cash value, cost of repair or	
Trailer Interchange Specified Causes of Loss Coverage		Limit of Insurance, minus Deductible for each covered	
Trailer Interchange Collision Coverage		"trailer."	
Physical Damage Comprehensive Coverage		Actual cash value or cost of repair or stated amount, whichever is less, minus any applicable	
Physical Damage Specified Causes of Loss Coverage	67	Deductible for each covered "auto." (See Item 4. for hired or borrowed "autos.")	\$ 21,351
Physical Damage Collision Coverage	67	See Schedule of Covered Auto You Own. See Item 4. for Hired and Borrowed Autos	\$ 32,013

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Policy No.:

OPS0062348

See Schedule of Forms and Endorsements.



COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Effective Date: 10-23-13

(This policy may be subject to

final audit.)

135,735

Named Insured: BLAKE REIDHE	AD, INC.	Age	nt N o.:	12:01 A.M. Standa	ard T	ime 	
Item 2.—Schedule of Coverages an	d Covered Au	utos (continued)					
Coverages	Covered Autos	The Most We Will Pay	Limit for A ny	One Accident or Loss		Premium	
Physical Damage Towing and		for	each dis	ablement of a private			
Labor		passenger "auto."					
Form(s) and endorsement(s) apply		verage form and made	Premiun	n for Endorsements	\$	-	75
a part of this policy at the time of iss	sue:		Catimata	d Total Dramium			_

Item 3. —Schedule of Covered Autos You Own	
See Schedule of Covered Autos You Own.	

Item 4.—Sche	edule of Hired or Borrow	ed Covered Auto	Coverage and Premiur	ms.	
	ered Autos Liability Cov er than Mobile Or Farm		lire Rating Basis for "A	Autos" used in your	Motor Carrier Operations
State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
			Total I ii	red Auto Dromium	NOT ADDITORDIE
			i otal Hi	red Auto Premium	NOT APPLICABLE

For "autos" used in your motor carrier operations, cost of hire means:

- 1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein;
- 2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party; and
- 3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured," paid to the lessor or owner, or paid to others.

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Comprehensive

Causes of Loss

Specified

Collision

whichever is less, minus

for each covered "auto."

whichever is less, minus

for each covered "auto."

whichever is less, minus

for each covered "auto."

Actual cash value, cost of repair or

Actual cash value, cost of repair or



COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: OPS	50062348		Effective Da	ate: 10-23-13	
Named Insured: $\underline{\mathtt{BL}}$	AKE REIDHEAD	, INC.	Agent No.:	12:01 A.M. St a	andard lime
Item 4.—Schedule	e of Hired or Borrow	ed Covered Auto	Coverage and Premium	s (continued).	
	Autos Liability Cove ther than Mobile Or F		ire Rating Basis for "Au	tos" NOT used in you	ır Motor Carrier Opera-
State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
			Total H	lired Auto Premium 1	NOT APPLICABLE
you don't own (no	ot including "autos" y	ou borrowor ren	ost of hire means the to t from your partners or by motor carriers of pro	"employees" or their f	amily members). Cost
Physical Equipme	0 0	es—Cost of Hi	re Rating Basis for	All "Autos" (Other	than Mobile or Farm
Coverage		Limit of Insura The Most We W Deductible	ill Pay	Estimated Annual Cost of Hire For Eac State (Excluding Autos Hired With A Driver)	ch Premium
	Actual cash val	ue, cost of repair o	or ,		

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.

Deductible

Deductible

Deductible

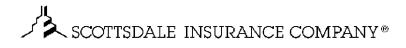
Total Hired Auto Premium

N/A

Hired or Borrowed Mobile and Farm Equipment	
If this box is checked, see Mobile and Farm Equipment Supplementary Schedule.	

Policy No.:

OPS0062348



COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Effective Date: 10-23-13

amed Insured: BLAKE REIDHEAD, INC	*		Agent No.:	43006	.M. Standa	ara rime
tem 5.—Schedule for Non-ownership Covered	l Autos Lial	oility				
Rating Basis			Number		F	Premium
Number of Employees						
Number of Partners (Active and Inactive)						
Total Non-own	ership Cov	ered A	utos Liability Pren	nium	NOT A	PPLICABLE
Item 6.—Trailer Interchange Coverage						
Coverages		Lin	nits of Insurance		F	Premium
Comprehensive						
Specified Causes of Loss		S	tated in Item 2.			
Collision	_					
		Total 7	railer Interchange	Premium		
Item 7.—Schedule for Gross Receipts or Mileag	ne Basis	vitati in				
Type Of Risk (Check One) Motor Carriers Public Autos Rating Basis (Check One) Gross Receipts (Per \$100) Mileage (F	Leasing Or	T	Concerns	ss Receipts	Or Mileage)
Gloss necerpts (Fer \$100) Ivilleage (F	ei iville)			Rate		Premium
Covered Autos Liability				nate		Fielifulli
Personal Injury Protection						
Added Personal Injury Protection						
Property Protection Insurance (Michigan Only)	ı					
Auto Medical Payments						
Medical Expense And Income Loss Benefits (Vi	irginia Only	')				
Uninsured Motorists (UM)						
Underinsured Motorists (UIM) (when not include	ded in UM (Covera	ge)			
Trailer Interchange						
Comprehensive						
Specified Causes Of Loss						
Collision						
Towing And Labor						
				Total Pi		
				Minimum P	remium	

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COMMERCIAL AUTO COVERAGE MOTOR CARRIER COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.:	OPS0062348		Effective Date:	: 10-23-13
				12:01 A.M. Standard Time
Named Insure	d:BLAKE REIDHEAD,	INC.	Agent No.:	43006
	-			

When gross receipts or mileage is used as a premium basis:

For Motor Carriers:

Gross receipts means the total amount earned by the named insured for shipping or transporting property regardless of whether you or any other carrier originate the shipment or transportation. Gross receipts includes the total amount received from renting equipment, with or without drivers, to any person or organization not engaged in the business of transporting property for hire by "auto" and fifteen percent (15%) of the total amount received from renting any equipment with or without drivers, to any person or organization engaged in the business of transporting property for hire by "auto." Gross Receipts does not include:

- 1. Amounts you paid to air, sea or land carriers operating under their own permits.
- 2. Advertising revenue.
- 3. Taxes collected as a separate item and paid directly to the government.
- 4. C.O.D. collections for cost of merchandise including collection fees.
- 5. Warehouse storage fees.

Mileage means the total live and dead mileage of all revenue producing "autos" operated during the policy period.

For Public Autos:

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise. Gross receipts does not include:

- 1. Amounts paid to air, sea or land carriers operating under their own permits.
- 2. Advertising revenue.
- 3. Taxes collected as a separate item and paid directly to the government.
- **4.** C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" operated during the policy period.

For Rental Or Leasing Concerns:

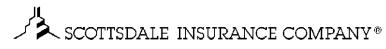
Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" leased or rented to others without drivers during the policy period.

THESE SUPPLEMENTAL DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS AND THE FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE POLICY.

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SCHEDULE OF COVERED AUTOS YOU OWN

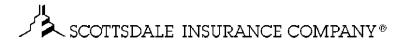
Effective Date: _10-23-13 Policy No.: <u>OPS0062348</u>

12:01 A.M. Standard Time

Covered	Description								
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ1 AZ2 AZ3 AZ4 AZ5 AZ6 AZ7 AZ8 AZ9 AZ10	1999 1997 2003 2000 2001 2001 2001 2001 2001 2001	KENWORTH W900 PETERBILT PETERBILT 6X4 119.5 BBC ALUM LONG CO PETERBILT 6X4 119.5 BBC ALUM LONG CO KENWORTH 6X4 120 BBC ALUM & FG LONG KENWORTH 6X4 120 BBC ALUM & FG LONG PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XKWDB9X5XR797365 1XP5DB8X0VD432240 2XP5DB9X13M591340 1XP5DB9XXYD525463 1XKWDU9X61R870066 1XKWDU9X11R870086 1XP5DB9X41N542095 1XP5DB9X01N542093 1XP5DB9X11D562519 1XP5DB9X21D542098						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ1 AZ2 AZ3 AZ4 AZ5 AZ6 AZ7 AZ8 AZ9 AZ10	CAMP VERDE, AZ CORTARO, AZ CAMP VERDE, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ	129 118 129 118 118 118 129 129 129		\$ 15,000 \$ 15,000 \$ 25,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 30,000 \$ 30,000 \$ 30,000 \$ 30,000

Covered Auto Number	Radius of Operation in Miles	in Miles R=Retail Vehicle Seating Capacity C=Commercial			Code
AZ1	500 OR INTRASTATE		50,000	6	505210
AZ2	500 OR INTRASTATE		46,000	6	505210
AZ3	500 OR INTRASTATE		52,000	6	505210
AZ4	500 OR INTRASTATE		110,000	6	505210
AZ5	500 OR INTRASTATE		50,000	6	505210
AZ6	500 OR INTRASTATE		50,000	6	505210
AZ7	500 OR INTRASTATE		52,000	6	505210
AZ8	500 OR INTRASTATE		52,000	6	505210
AZ9	500 OR INTRASTATE		52,000	6	505210
AZ10	500 OR INTRASTATE		52,000	6	505210

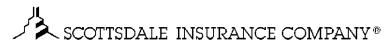


12:01 A.M. Standard Time

	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number		Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)						
AZ1	\$	1,667									
AZ2	\$	2,310									
AZ3	\$	1,667									
AZ4	\$	2,310									
AZ5	\$	2,310									
AZ6	\$	2,310									
AZ7	\$	1,667									
AZ8	\$	1,667									
AZ9	\$	1,667									
AZ10	\$	1,667									

Covered	Auto M Paym		Medical Expense	Income Loss Benefits		Uninsured	Uı	Underinsured		Total	
Auto Number	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium	Motorist Premium			Motorist Premium	Liability Premium		
AZ1					\$	12	\$	10	\$	1,689	
AZ2					\$	12	\$	10	\$	2,332	
AZ3					\$	12	\$	10	\$	1,689	
AZ4					\$	12	\$	10	\$	2,332	
AZ5					\$	12	\$	10	\$	2,332	
AZ6					\$	12	\$	10	\$	2,332	
AZ7					\$	12	\$	10	\$	1,689	
AZ8					\$	12	\$	10	\$	1,689	
AZ9					\$	12	\$	10	\$	1,689	
AZ10					\$	12	\$	10	\$	1,689	

Covered		Other Than Coll	lision		Col	lision	1		Total	
Auto Number	Deductible	Comprehensive Premium		ied Causes ss Premium	Dealichnie	Pi	Premium Towing & Labor Premium Premium		Physical Damage Premium	
AZ1	1,000		\$	186	1,000	\$	279		\$ 465	
AZ2	1,000		\$	186	1,000	\$	279		\$ 465	
AZ3	1,000		\$	298	1,000	\$	447		\$ 745	
AZ4	1,000		\$	186	1,000	\$	279		\$ 465	
AZ5	1,000		\$	186	1,000	\$	279		\$ 465	
AZ6	1,000		\$	186	1,000	\$	279		\$ 465	
AZ7	1,000		\$	358	1,000	\$	536		\$ 894	
AZ8	1,000		\$	358	1,000	\$	536		\$ 894	
AZ9	1,000		\$	358	1,000	\$	536		\$ 894	
AZ10	1,000		\$	358	1,000	\$	536		\$ 894	



SCHEDULE OF COVERED AUTOS YOU OWN

Effective Date: _10-23-13 Policy No.: <u>OPS0062348</u>

12:01 A.M. Standard Time

Covered		Description									
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)								
AZ11 AZ12 AZ13 AZ14 AZ15 AZ16 AZ17 AZ18 AZ19 AZ20	2002 2003 2002 2003 2003 2004 2005 2005 2005 2005	KENWORTH 6X4 120 BBC ALUM & FG LONG PETERBILT 6X4 119.5 BBC ALUM LONG CO EAGLE ROCK END DUMP TRAILER EAGLE ROCK END DUMP TRAILER	1XKWDB9X02R895261 1XP5DB9X83D589199 1XP5DB9X92D578064 2XP5DB9X53M591339 2XP5DB9X33M591341 1XP5DB9X64D836933 1XP5DB9X35D878106 1XP5DB9X15D878105 1E9DM392X5T316121 1E9DM39255T316155								

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ11 AZ12 AZ13 AZ14 AZ15 AZ16 AZ17 AZ18 AZ19 AZ20	CAMP VERDE, AZ CORTARO, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ CORTARO, AZ CAMP VERDE, AZ CORTARO, AZ CAMP VERDE, AZ CAMP VERDE, AZ	129 118 129 129 129 118 129 118 129		\$ 25,000 \$ 25,000 \$ 25,000 \$ 25,000 \$ 25,000 \$ 30,000 \$ 30,000 \$ 25,000 \$ 25,000 \$ 25,000

Covered Auto Number	in Miles R=Retail Vehicle Seatin		Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ11	500 OR INTRASTATE		50,000	6	505210
AZ12	500 OR INTRASTATE		52,000	6	505210
AZ13	500 OR INTRASTATE		52,000	6	505210
AZ14	500 OR INTRASTATE		52,000	6	505210
AZ15	500 OR INTRASTATE		52,000	6	505210
AZ16	500 OR INTRASTATE		52,000	6	505210
AZ17	500 OR INTRASTATE		52,000	6	505210
AZ18	500 OR INTRASTATE		52,000	6	505210
AZ19	500 OR INTRASTATE			6	675210
AZ20	500 OR INTRASTATE			6	675210



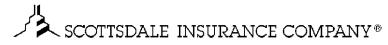
Effective Date: 10-23-13 Policy No.: OPS0062348

12:01 A.M. Standard Time

	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number	Liability Premium	P.I.P. Premium	P.P.I. Premium (Michigan only)								
AZ11 AZ12 AZ13 AZ14 AZ15 AZ16 AZ17	\$ 1,667 \$ 2,310 \$ 1,834 \$ 1,667 \$ 1,667 \$ 2,310 \$ 1,667										
AZ18 AZ19 AZ20	\$ 2,310 \$ 55 \$ 55										

Covered	Auto M Paym		Medical Expense	Income Loss Benefits		Uninsured	Uı	Underinsured		Total	
Auto Number	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium		Motorist Premium		Motorist Premium	Liability Premium		
AZ11					\$	12	\$	10	\$	1,689	
AZ12					\$	12	\$	10	\$	2,332	
AZ13					\$	12	\$	10	\$	1,856	
AZ14					\$	12	\$	10	\$	1,689	
AZ15					\$	12	\$	10	\$	1,689	
AZ16					\$	12	\$	10	\$	2,332	
AZ17					\$	12	\$	10	\$	1,689	
AZ18					\$	12	\$	10	\$	2,332	
AZ19									\$	55	
AZ20									\$	55	

Covered		Other Than Coll	ision		Col	lision	١		Total	
Auto Number	Deductible	Comprehensive Premium	1 '	ed Causes Premium	Dealichble	Pr	remium	Towing & Labor Premium	Physical Damage Premium	
AZ11	1,000		\$	298	1,000	\$	447		\$ 745	
AZ12	1,000		\$	298	1,000	\$	447		\$ 745	
AZ13	1,000		\$	298	1,000	\$	447		\$ 745	
AZ14	1,000		\$	298	1,000	\$	447		\$ 745	
AZ15	1,000		\$	298	1,000	\$	447		\$ 745	
AZ16	1,000		\$	298	1,000	\$	447		\$ 745	
AZ17	1,000		\$	358	1,000	\$	536		\$ 894	
AZ18	1,000		\$	358	1,000	\$	536		\$ 894	
AZ19	1,000		\$	298	1,000	\$	447		\$ 745	
AZ20	1,000		\$	298	1,000	\$	447		\$ 745	



SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: <u>OPS0062348</u> Effective Date: _10-23-13

12:01 A.M. Standard Time

Covered		Description							
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ21 AZ22 AZ23 AZ24 AZ25 AZ26 AZ27 AZ28 AZ29 AZ30	1996 2006 2006 2006 2006 2006 2007 2006 2006	J&L NEUMATIC TRAILER PETERBILT PETERBILT KENWORTH KENWORTH RANCO PETERBILT 379 PETERBILT 6X4 119.5 BBC ALUM LONG CO EAGLE ROCK END DUMP EAGLE ROCK END DUMP	5JLSN4222T5T02694 1XP5DB9X26D889843 1XP5DB9X46D889844 1NKDXUTXX6R118461 1NKDXUTX06R118467 1R9ESD5026L008152 1XP5DB9X37D659021 1XP5DB9X36D659017 1E9DM39216T316364 1E9DM39246T316455						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ21 AZ22 AZ23 AZ24 AZ25 AZ26 AZ27 AZ28 AZ29 AZ30	CORTARO, AZ CAMP VERDE, AZ CAMP VERDE, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ CAMP VERDE, AZ	118 129 129 118 118 118 118 129 118 129		\$ 15,000 35,000 \$ 35,000 \$ 60,000 \$ 60,000 \$ 15,000 \$ 55,000 \$ 35,000 \$ 25,000 \$ 25,000

Covered Auto Number	C=Commercial		Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ21	500 OR INTRASTATE			6	675210
AZ22	500 OR INTRASTATE		45,000+	6	505210
AZ23	500 OR INTRASTATE		45,000+	6	505210
AZ24	500 OR INTRASTATE		45,000+	6	505210
AZ25	500 OR INTRASTATE		45,000+	6	505210
AZ26	500 OR INTRASTATE			6	675210
AZ27	500 OR INTRASTATE		45,000+	6	505210
AZ28	500 OR INTRASTATE		110,000	6	505210
AZ29	500 OR INTRASTATE			6	675210
AZ30	500 OR INTRASTATE			6	675210

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SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Effective Date: <u>10-23-13</u> Policy No.: <u>OPS0062348</u>

12:01 A.M. Standard Time

Agent No.: 43006 Named Insured: BLAKE REIDHEAD, INC.

	Coverages—Premiums, Limits and Deductibles									
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)						
AZ21 AZ22 AZ23 AZ24 AZ25 AZ26 AZ27 AZ28 AZ29 AZ30	\$ 77 \$ 1,834 \$ 1,834 \$ 2,310 \$ 2,310 \$ 77 \$ 1,667 \$ 2,403 \$ 55 \$ 55									

Covered	Auto M Paym		Medical Expense	Income Loss Benefits		Uninsured	Underinsured		Total	
Auto Number	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium	Motorist Premium		Motorist Premium	Liability Premium		
AZ21								\$	77	
AZ22					\$	12	\$ 10	\$	1,856	
AZ23					\$	12	\$ 10	\$	1,856	
AZ24					\$	12	\$ 10	\$	2,332	
AZ25					\$	12	\$ 10	\$	2,332	
AZ26								\$	77	
AZ27					\$	12	\$ 10	\$	1,689	
AZ28					\$	12	\$ 10	\$	2,425	
AZ29								\$	55	
AZ30								\$	55	

Covered		Other Than Coll	ision		Col	lision			Total	
Auto Number	Deductible	Comprehensive Premium	1 '	d Causes Premium	i Dealictible	Pr	Premium Towing & Labor Premium Premium		Physical Damage Premium	
AZ21	1,000		\$	186	1,000	\$	279		\$ 465	
AZ22	1,000		\$	383	1,000	\$	575		\$ 958	
AZ23	1,000		\$	383	1,000	\$	575		\$ 958	
AZ24	1,000		\$	572	1,000	\$	858		\$ 1,430	
AZ25	1,000		\$	573	1,000	\$	859		\$ 1,432	
AZ26	1,000		\$	186	1,000	\$	279		\$ 465	
AZ27	1,000		\$	524	1,000	\$	786		\$ 1,310	
AZ28	1,000		\$	383	1,000	\$	575		\$ 958	
AZ29	1,000		\$	298	1,000	\$	447		\$ 745	
AZ30	1,000		\$	298	1,000	\$	447		\$ 745	



SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: <u>OPS0062348</u> Effective Date: __10-23-13

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Covered		Description							
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ31 AZ32 AZ33 AZ34 AZ35 AZ36 AZ37 AZ38 AZ39 AZ40	2006 2007 2005 2006 2007 2007 2007 2007 2006 2007	EAGLE ROCK END DUMP PETERBILT 379 RANCO END DUMP TRAILER TRANSCRAFT TRAILER PETERBILT TRACTOR 357 POLAR PNEUMATIC TRAILER RANCO END DUMP TRAILER RANCO END DUMP TRAILER TRANSCRAFT TRAILER RANCO END DUMP TRAILER	1E9DM39226T316454 1XP5DB9X97D659024 1R9ESD5015L008920 1TTF4520362018342 1NPALUTX97D743991 1PMB1422575005862 1R9ESD50X7L008773 1R9ESD5087L008805 1TTF4520162018341 1R9ESD5087L008772						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ31 AZ32 AZ33 AZ34 AZ35 AZ36 AZ37 AZ38 AZ39 AZ40	CAMP VERDE, AZ CAMP VERDE, AZ CORTARO, AZ	129 129 118 118 118 118 118 118 118		\$ 25,000 \$ 55,000 \$ 15,000 \$ 10,000 \$ 65,000 \$ 25,000 \$ 10,000 \$ 10,000 \$ 10,000 \$ 10,000

Covered Auto Number	Radius of Operation in Miles Business Use S=Service R=Retail C=Commercial		Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ31	500 OR INTRASTATE			6	675210
AZ32	500 OR INTRASTATE		45,000+	6	505210
AZ33	500 OR INTRASTATE			6	675210
AZ34	500 OR INTRASTATE			6	675210
AZ35	500 OR INTRASTATE		52,000	6	505210
AZ36	500 OR INTRASTATE			6	675210
AZ37	500 OR INTRASTATE			6	675210
AZ38	500 OR INTRASTATE			6	675210
AZ39	500 OR INTRASTATE			6	675210
AZ40	500 OR INTRASTATE			6	675210



Effective Date: 10-23-13 Policy No.: OPS0062348

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	Coverages—Premiums, Limits and Deductibles									
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)						
AZ31 AZ32 AZ33 AZ34 AZ35 AZ36 AZ37 AZ38 AZ39 AZ40	\$ 55 \$ 1,667 \$ 77 \$ 80 \$ 2,403 \$ 77 \$ 80 \$ 80 \$ 80 \$ 77									

Covered	Auto M Paym	Medical Income Loss		Unins		Underinsured	Total	
Auto Number Limit Premium Describe Benefits (VA Only) Premium Premium		Moto Prem		Motorist Premium	Liability Premium			
AZ31							\$ 55	
AZ32				\$	12	\$ 10	\$ 1,689	
AZ33							\$ 77	
AZ34							\$ 80	
AZ35				\$	12	\$ 10	\$ 2,425	
AZ36							\$ 77	
AZ37							\$ 80	
AZ38							\$ 80	
AZ39							\$ 80	
AZ40							\$ 77	

Covered	Other Than Coll		ision		Col	lisior	ı			Total	
Auto Number	Deductible	Comprehensive Premium		ed Causes s Premium		Р	remium	Towing & Labor Premium		Physical Damage Premium	
AZ31	1,000		\$	298	1,000	\$	447		\$	745	
AZ32	1,000		\$	524	1,000	\$	786		\$	1,310	
AZ33	1,000		\$	186	1,000	\$	279		\$	465	
AZ34	1,000		\$	129	1,000	\$	193		\$	322	
AZ35	1,000		\$	589	1,000	\$	882		\$	1,471	
AZ36	1,000		\$	298	1,000	\$	447		\$	745	
AZ37	1,000		\$	129	1,000	\$	193		\$	322	
AZ38	1,000		\$	129	1,000	\$	193		\$	322	
AZ39	1,000		\$	129	1,000	\$	193		\$	322	
AZ40	1,000		\$	129	1,000	\$	193		\$	322	

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SCHEDULE OF COVERED AUTOS YOU OWN

Effective Date: _10-23-13 Policy No.: <u>OPS0062348</u>

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Covered		Description							
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ41 AZ42 AZ43 AZ44 AZ45 AZ46 AZ47 AZ48 AZ49 AZ50	2004 2007 2006 2007 2005 2000 2001 2000 2001 2006	KENWORTH T800 DUMP TRUCK REITNOUER KENWORTH REITNOUER PETERBILT 6X4 119.5 BBC ALUM LONG CO PETERBILT KENWORTH 6X4 121 BBC ALUM & FG LONG	1NKDX0EX24R058551 1RNF48A2X7R017890 1NKDXUTX76R118465 1RNF48A217R017888 1XP5DB9XX5D878104 1XP5DB9X5YD525466 1XP5DU9X81N542144 1XP5DB9X1YD521284 1XP5DU9XX1N542145 1XKDDU9X96R122281						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ41 AZ42 AZ43 AZ44 AZ45 AZ46 AZ47 AZ48 AZ49 AZ50	CORTARO, AZ CAMP VERDE, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ CAMP VERDE, AZ CORTARO, AZ CORTARO, AZ CORTARO, AZ	118 129 118 118 118 118 118 118 129 118		\$ 40,000 \$ 10,000 \$ 55,000 \$ 10,000 \$ 30,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 30,000

Covered Auto Number	Radius of Operation in Miles	in Miles R=Retail Vehicle Seating Capacity C=Commercial		A ge Group	Code
AZ41	500 OR INTRASTATE		45,000+	6	505210
AZ42	500 OR INTRASTATE			6	675210
AZ43	500 OR INTRASTATE		50,000	6	505210
AZ44	500 OR INTRASTATE			6	675210
AZ45	500 OR INTRASTATE		52,000	6	505210
AZ46	500 OR INTRASTATE		46,000	6	505210
AZ47	500 OR INTRASTATE		52,000	6	505210
AZ48	500 OR INTRASTATE		46,000	6	505210
AZ49	500 OR INTRASTATE		50,000	6	505210
AZ50	500 OR INTRASTATE		85,000	6	505210



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	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number	Liability Premium	P.I.P. Premium	A dded P.I.P. Premium	P.P.I. Premium (Michigan only)							
AZ41 AZ42 AZ43 AZ44 AZ45 AZ46	\$ 2,403 \$ 55 \$ 2,310 \$ 77 \$ 2,310 \$ 2,310										
AZ47 AZ48 AZ49 AZ50	\$ 2,310 \$ 1,667 \$ 2,310 \$ 2,310										

Covered	Auto M Paym		Medical Expense	Income Loss Benefits	Uninsured			Underinsured		Total
Auto Number	Limit	Premium	Benefits (VA Only) Premium	(VA Only) (VA Only)		Motorist Premium	Motorist Premium		Liability Premium	
AZ41					\$	12	\$	10	\$	2,425
AZ42									\$	55
AZ43					\$	12	\$	10	\$	2,332
AZ44									\$	77
AZ45					\$	12	\$	10	\$	2,332
AZ46					\$	12	\$	10	\$	2,332
AZ47					\$	12	\$	10	\$	2,332
AZ48					\$	12	\$	10	\$	1,689
AZ49					\$	12	\$	10	\$	2,332
AZ50					\$	12	\$	10	\$	2,332

Covered		Other Than Coll	lision		Col	lisior	ı		Total	
Auto Number	Deductible	Comprehensive Premium		ied Causes s Premium	HACHICTINIA	Р	Premium Premiun		Physical Damage Premium	
AZ41	1,000		\$	438	1,000	\$	657		\$ 1,095	
AZ42	1,000		\$	129	1,000	\$	193		\$ 322	
AZ43	1,000		\$	524	1,000	\$	786		\$ 1,310	
AZ44	1,000		\$	129	1,000	\$	193		\$ 322	
AZ45	1,000		\$	358	1,000	\$	536		\$ 894	
AZ46	1,000		\$	186	1,000	\$	279		\$ 465	
AZ47	1,000		\$	186	1,000	\$	279		\$ 465	
AZ48	1,000		\$	186	1,000	\$	279		\$ 465	
AZ49	1,000		\$	186	1,000	\$	279		\$ 465	
AZ50	1,000		\$	358	1,000	\$	5 36		\$ 894	



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348 Effective Date: 10-23-13

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Covered		Description	
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
AZ51 AZ52 AZ53 AZ54 AZ55 AZ56 AZ57 AZ58 AZ59 AZ60	2006 1996 2006 2001 2001 2001 2001 2001 2001 200	KENWORTH 6X4 121 BBC ALUM & FG LONG PETERBILT PETERBILT 6X4 119.5 BBC ALUM LONG CO MATE MATE MATE MATE MATE MATE MATE MATE	1XKDDU9X06R122301 1XPAX90X9TD413550 1XP5DB9X36D643819 1M9A395231H036677 1M9A395251H036678 1M9A395271H036682 1M9A395291H036683 1M9A3952X1H036684 1M9A395221H036676 1M9A395241H036686

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ51 AZ52 AZ53 AZ54 AZ55 AZ56 AZ57 AZ58 AZ59 AZ60	CORTARO, AZ CORTARO, AZ CAMP VERDE, AZ	118 118 129 129 129 129 129 129 129		\$ 30,000 \$ 15,000 \$ 35,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 15,000 \$ 15,000

Covered Auto Number	Radius of Operation in Miles	in Miles R=Retail Vehicle Seating Ca C=Commercial			Code
AZ51	500 OR INTRASTATE		85,000	6	505210
AZ52	500 OR INTRASTATE		50,000	6	505210
AZ53	500 OR INTRASTATE		52,000	6	505210
AZ54	500 OR INTRASTATE			6	675210
AZ55	500 OR INTRASTATE			6	675210
AZ56	500 OR INTRASTATE			6	675210
AZ57	500 OR INTRASTATE			6	675210
AZ58	500 OR INTRASTATE			6	675210
AZ59	500 OR INTRASTATE			6	675210
AZ60	500 OR INTRASTATE			6	675210



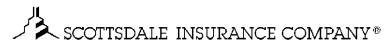
Policy No.: <u>OPS0062348</u>

Agent No.: 43006 Named Insured: BLAKE REIDHEAD, INC.

	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number		Liability Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)							
AZ51	\$ 4	2,310									
AZ52	\$	2,310									
AZ53	\$	1,667									
AZ54	\$	61									
AZ55	\$	61									
AZ56	\$	61									
AZ57	\$	61									
AZ58	\$	61									
AZ59	\$	61									
AZ60	\$	61									

Covered Auto Number	Auto M Paym		Medical Expense	Income Loss Benefits	Uninsured			Underinsured		Total
	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium		Motorist Premium	Motorist Premium		Liability Premium	
AZ51					\$	12	\$	10	\$	2,332
AZ52					\$	12	\$	10	\$	2,332
AZ53					\$	12	\$	10	\$	1,689
AZ54									\$	61
AZ55									\$	61
AZ56									\$	61
AZ57									\$	61
AZ58									\$	61
AZ59									\$	61
AZ60									\$	61

Covered		Other Than Coll	ision		Col	lision	1		Total	
Auto Number	Deductible	Comprehensive Premium		ed Causes s Premium	HACHICTINIA	Pr	remium	Towing & Labor Premium	Physical Damage Premium	
AZ51	1,000		\$	358	1,000	\$	536		\$ 894	
AZ52	1,000		\$	186	1,000	\$	279		\$ 465	
AZ53	1,000		\$	383	1,000	\$	575		\$ 958	
AZ54	1,000		\$	186	1,000	\$	279		\$ 465	
AZ55	1,000		\$	186	1,000	\$	279		\$ 465	
AZ56	1,000		\$	186	1,000	\$	279		\$ 465	
AZ57	1,000		\$	186	1,000	\$	279		\$ 465	
AZ58	1,000		\$	186	1,000	\$	279		\$ 465	
AZ59	1,000		\$	186	1,000	\$	279		\$ 465	
AZ60	1,000		\$	186	1,000	\$	279		\$ 465	



SCHEDULE OF COVERED AUTOS YOU OWN

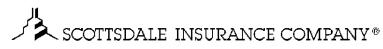
Policy No.: OPS0062348 Effective Date: 10-23-13

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Covered		Description							
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ61 AZ62 AZ63 AZ64 AZ65 AZ66 AZ67 AZ68 AZ69 AZ70	2001 2002 2003 2002 2003 2003 2004 2004 2004	MATE MATE CLEMENT VANTAGE VANTAGE RANCO VANTAGE VANTAGE EAGLE EAGLE	1M9A395261H036687 1M9A395222H036736 5C2BB38B13M003806 4EPAA39272ATA4195 4EPAA39293ATA4873 1R9ESD5083L008619 4E7AA392X4ATA0168 4E7AA39294ATA0209 1E9DM39241T316068 1E9DM392X4T316067						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ61 AZ62 AZ63 AZ64 AZ65 AZ66 AZ67 AZ68 AZ69 AZ70	CAMP VERDE, AZ	129 129 129 129 129 129 129 129 129		\$ 15,000 \$ 15,000 \$ 10,000 \$ 15,000 \$ 15,000 \$ 10,000 \$ 20,000 \$ 20,000 \$ 25,000 \$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ61	500 OR INTRASTATE			6	675210
AZ62	500 OR INTRASTATE			6	675210
AZ63	500 OR INTRASTATE			6	675210
AZ64	500 OR INTRASTATE			6	675210
AZ65	500 OR INTRASTATE			6	675210
AZ66	500 OR INTRASTATE			6	675210
AZ67	500 OR INTRASTATE			6	675210
AZ68	500 OR INTRASTATE			6	675210
AZ69	500 OR INTRASTATE			6	675210
AZ70	500 OR INTRASTATE			6	675210



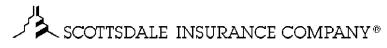
Effective Date: 10-23-13 Policy No.: OPS0062348

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	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number	Liability Premium		P.I.P. Added P.I.F Premium Premium		P.P.I. Premium (Michigan only)						
AZ61	⟨A)- ⟨A)-	61									
AZ62 AZ63	\$ \$	61 61									
AZ64	\$	61									
AZ65 AZ66	\$ \$	61 61									
AZ67	\$	61									
AZ68 AZ69	\$ \$	61 61									
AZ 70	÷ 40}-	61									

Covered Auto Number	Auto V Paym		Medical Expense	Income Loss Benefits	Uninsured	Underinsured	Total
	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium	M otorist Premium	Motorist Premium	Liability Premium
AZ61							\$ 61
AZ62							\$ 61
AZ63							\$ 61
AZ64							\$ 61
AZ65							\$ 61
AZ66							\$ 61
AZ67							\$ 61
AZ68							\$ 61
AZ69							\$ 61
AZ70							\$ 61

Covered		Other Than Coll	lision		Col	lision	1			Total
Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium		HACHICTINIA	Premium		Towing & Labor Premium	Physical Damage Premium	
AZ61	1,000		\$	186	1,000	\$	279		\$	465
AZ62	1,000		\$	186	1,000	\$	279		\$	465
AZ63	1,000		\$	129	1,000	\$	193		\$	322
AZ64	1,000		\$	186	1,000	\$	279		\$	465
AZ65	1,000		\$	186	1,000	\$	279		\$	465
AZ66	1,000		\$	129	1,000	\$	193		\$	322
AZ67	1,000		\$	248	1,000	\$	372		\$	620
AZ68	1,000		\$	248	1,000	\$	372		\$	620
AZ69	1,000		\$	298	1,000	\$	447		\$	745
AZ70	1,000		\$	298	1,000	\$	447		\$	745



SCHEDULE OF COVERED AUTOS YOU OWN

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Covered		Description							
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)						
AZ71 AZ72 AZ73 AZ74 AZ75 AZ76 AZ77 AZ78 AZ79 AZ80	2004 2005 2000 2007 2007 2001 2002 2006 2013 1996	VANTAGE EAGLE WITZCO RANCO RANCO PETERBILT 6X4 119.5 BBC ALUM LONG CO RELIANCE TRAILER PETERBILT 6X4 119.5 BBC ALUM LONG CO NONOWNED TRLR ATTACH TO COVERED AUTO WABASH	4E7AA39274ATA0290 1E9DM39265T316116 1W8A11E33YS000608 1R9ESB5067L008547 1R9ESB5087L008548 1NP5LB9X21D570450 5REFA52882S024003 1XP5DB9X56D899606 UNDESCRIBED 1JJF48269TL383137						

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ71	CAMP VERDE, AZ	129		\$ 25,000
AZ72	CAMP VERDE, AZ	129		\$ 25,000
AZ73	CAMP VERDE, AZ	129		
AZ74	CAMP VERDE, AZ	129		\$ 15,000
AZ75	CAMP VERDE, AZ	129		\$ 15,000
AZ76	CAMP VERDE, AZ	129		\$ 20,000
AZ77	CORTARO, AZ	118		\$ 5,000
AZ78	CAMP VERDE, AZ	129		\$ 35,000
AZ79	CAMP VERDE, AZ	129		
AZ80	CORTARO, AZ	118		

Covered Auto Number	Radius of Operation in Miles	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code	
AZ71	500 OR INTRASTATE			6	675210
AZ72	500 OR INTRASTATE			6	675210
AZ73	500 OR INTRASTATE			6	675210
AZ74	500 OR INTRASTATE			6	675210
AZ 75	500 OR INTRASTATE			6	675210
AZ76	500 OR INTRASTATE		110,000	6	505210
AZ77	500 OR INTRASTATE			6	675210
AZ78	500 OR INTRASTATE		110,000	6	505210
AZ79	500 OR INTRASTATE			2	675210
AZ80	500 OR INTRASTATE			6	675210

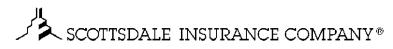


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	Coverages—Premiums, Limits and Deductibles										
Covered Auto Number		Liability Premium	A dded P.I.P. Premium	P.P.I. Premium (Michigan only)							
AZ71	\$ 4	61									
AZ 72	\$	61									
AZ73	\$	55									
AZ74	\$	61									
AZ 75	\$	61									
AZ76	\$	1,667									
AZ77	\$	80									
AZ78	\$	1,667									
AZ79	\$	55									
AZ80	\$	80									

Covered	Auto M Paym		Medical Expense	Income Loss Benefits	Unins		Underinsured Motorist Premium			Total
Auto Number	Limit	Premium	Benefits (VA Only) Premium	(VA Only) Premium	Moto Pren				Liability Premium	
AZ 71									\$	61
AZ72									\$	61
AZ 73									\$	55
AZ74									\$	61
AZ 75									\$	61
AZ 76					\$	12	\$	10	\$	1,689
AZ77									\$	80
AZ 78					\$	12	\$	10	\$	1,689
AZ79									\$	55
AZ80									\$	80

Covered		Other Than Collision								Total	
Auto Number	Deductible	Comprehensive Specified Cau Premium of Loss Prem				Premium		Towing & Labor Premium		Physical Damage Premium	
AZ71 AZ72	1,000 1,000			298 298	1,000 1,000	\$ \$	447 447		\$ \$	745 745	
AZ73 AZ74 AZ75 AZ76 AZ77 AZ78 AZ79 AZ80	1,000 1,000 1,000 1,000 1,000			186 186 248 67 383	1,000 1,000 1,000 1,000 1,000	Y 47 47 47 47	279 279 372 100 575		>	465 465 620 167 958	



SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: OPS0062348 Effective Date: 10-23-13

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Covered		Description					
Auto Number	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)				
AZ81 AZ82	2005 2006	EAGLE ROCK TRAILER EAGLE ROCK TRAILER	1E9DM39235T316204 1E9DM39297T316517				

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ81 AZ82	CAMP VERDE, AZ CAMP VERDE, AZ	129 129		\$ 25,000 \$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ81 AZ82	500 OR INTRASTATE 500 OR INTRASTATE			6	675210 675210

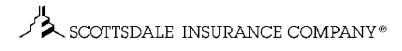


Policy No.:	OPS0062348	_ Effective Date:	10-23-13
		_	12:01 A.M. Standard Time

	Coverages—Premiums, Limits and Deductibles						
Covered Auto Number	Liability Premium	P.I.P. Premium	A dded P.I.P. Premium	P.P.I. Premium (Michigan only)			
AZ81 AZ82	\$ 61 \$ 61						

Covered	Auto M Paym		Medical Expense	Income Loss Benefits	Uninsured	Underinsured	Total
Auto Number	Benefits (VA Only)		Motorist Premium	Motorist Premium	Liability Premium		
AZ81 AZ82							\$ 61 61

Covered		Other Than Coll	ision	Collision			Total
Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	HAMICINIA	Premium	Towing & Labor Premium	Physical Damage Premium
AZ81 AZ82	1,000		\$ 298 \$ 298	1,000	\$ 447		\$ 745 745



Policy No. OPS	50062348		Effective Date	10-23-13
			_	12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	A gent N o43	006

Named Insured	BLAKE REIDHEAD, INC. Agent No. 43006					
Covered	Loss Payee Name and Mailing Address					
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below					
	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named baccording to their interests in the "auto" at the time of the "loss." PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202	pelow				

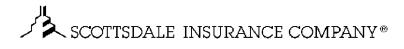
UTS-232 (3-10) SCOTTSDALE000055



Policy No. OP:	No. OPS0062348		Effective Date	10-23-13
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No. 43	006

Named Insured	BLAKE REIDHEAD, INC. Agent No. 43006				
Covered	Loss Payee Name and Mailing Address Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."				
Auto No.					
	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss." BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173				

UTS-232 (3-10) SCOTTSDALE000056



Policy No. OF	S0062348		Effective Date	10-23-13
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No. 43	006

Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006	
Covered	Loss Payee Name and N	Mailing Address	
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."		
l l	Except for towing, all covered physical damage "loss" is according to their interests in the "auto" at the time of the "kepender's UNITED EQUIPMENT; FINANCE CONTINUED TOWNS OF THE PROPERTY O	oss."	

UTS-232 (3-10) SCOTTSDALE000057



Policy No. OPS	50062348		Effective Date	10-23-13
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No. 43	3006

Covered	Loss Payee Name and Mailing Address			
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."			
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087			

Policy No. OPS0062348



SCHEDULE OF LOSS PAYEE(S)

Effective Date 10-23-13

	12:01 A.M. Standard Time
Named Insured	d BLAKE REIDHEAD, INC. Agent No. 43006
Covered	Loss Payee Name and Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."
27	TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305



END	ORSEMENT	
NO.		_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HYDRAULIC FRACTURING EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The following exclusion is added to Paragraph B. Exclusions of Section II—Liability Coverage in the Business Auto, Motor Carrier and Truckers Coverage Forms and for "Garage Operations"—Covered "Autos" in the Garage Coverage Form:

Hydraulic Fracturing

This insurance does not apply to:

- **1.** "Bodily injury," "property damage" or "covered pollution" cost or expense:
 - a. "Arising," in whole or in part, out of any operation involving substances under pressure being pumped underground with the objective of creating fractures in geologic formations to facilitate the release and extraction of hydrocarbons, including but not limited to oil or natural gas. Such operations include but are not limited to "hydraulic fracturing," "gas fracking" and/or the actual, alleged, threatened or suspected contact with, exposure to, existence of or presence of any "flowback" or the handling, transporting, storage, release or disposal of any "flowback" by any "insured" or by any other person or entity; or
 - **b.** Caused, directly or indirectly or in whole or in part, by any operation involving substances

under pressure used for pumping underground with the objective of creating fractures in geologic formations to facilitate the release and extraction of hydrocarbons, including but not limited to oil or natural gas. Such operations include, but are not limited to, "hydraulic fracturing," "gas fracking" and/or the actual, alleged, threatened or suspected contact with, exposure to, existence of or presence of any "flowback" or the handling, transporting, storage, release or disposal of any "flowback" by any "insured" or by any other person or entity, that are, or that are contained in any property that is:

- (a) Being transported or towed by, handled or handled for movement into, onto or from, the covered "auto";
- **(b)** Otherwise in the course of transit by any "insured" or by any other person or entity; or
- (c) Being stored, disposed of, treated or processed in or upon the covered "auto."
- 2. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, remediating, disposing of, or in any way responding to or assessing the effects of "hydraulic fracturing,"

"gas fracking" or "flowback" by any "insured" or by any other person or entity.

We will have no duty to settle any claim or defend any "suit" against the "insured" arising out of or in any way related to items 1. or 2. above.

- **B.** With respect to this endorsement, the following additional definitions apply:
 - "Hydraulic fracturing" or hydrofracking means the process by which water, "proppants," chemicals and/or other fluid additives are injected at high pressure into underground geologic formations to create fractures, to facilitate the extraction of any hydrocarbons including but not limited to natural gas and/or oil.
- 2. "Flowback" means any substance containing returned "hydraulic fracturing" fluid, including but not limited to water, "proppants," "hydraulic fracturing" fluid additives; and, any hydrocarbon compounds, salts, conventional pollutants, organics, metals, and naturally occurring radioactive material brought to the surface with the water.
- 3. "Gas Fracking" or liquefied propane/butane gas fracturing means the waterless process by which propane gel and "proppants" are injected at high pressure into geologic formations to create fractures, to facilitate the release and extraction of natural gas.
- **4.** "Proppant" means particles that are used to keep fractures open after a "hydraulic fracturing" treatment.

AUTHORIZED REPRESENTATIVE DATE

COMMERCIAL AUTO CA 00 20 03 10

MOTOR CARRIER COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section VI – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols		
61	Any "Auto"		
62	Owned "Autos" Only	Only the "autos" you own (and for Liability Coverage any "trailers" you don't own while connected to a power unit you own). This includes those "autos" you acquire ownership of after the policy begins.	
63	Owned Private Passenger Type "Autos" Only	Only the "private passenger type" "autos" you own. This includes those "private passenger type" "autos" that you acquire ownership of after the policy begins.	
64	Owned Commercial "Autos" Only	Only those trucks, tractors and "trailers" you own (and for Liability Coverage any "trailers" you don't own while connected to a power unit you own). This includes those trucks, tractors and "trailers" you acquire ownership of after the policy begins.	
65	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the no-fault law in the state where they are licensed or principally garaged.	
66	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that, because of the law in the state where they are licensed or principally garaged, are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.	
67	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).	
68	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "private passenger type" "auto" you lease, hire, rent or borrow from any member of your household, any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or agents or members of their households.	
69	"Trailers" In Your Posses- sion Under A Written Trailer Or Equipment Interchange Agreement	Only those "trailers" you do not own while in your possession under a written "trailer" or equipment interchange agreement in which you assume liability for "loss" to the "trailers" while in your possession.	

Symbol	Description Of Covered Auto Designation Symbols		
70	Your "Trailers" In The Possession Of Anyone Else Under A Written Trailer Interchange Agreement	Only those "trailers" you own or hire while in the possession of anyone else under a written "trailer" interchange agreement. When Symbol 70 is entered next to a Physical Damage Coverage in Item Two of the Declarations, the Physical Damage Coverage exclusion relating to "loss" to a "trailer" in the possession of anyone else does not apply to that coverage.	
71	Non-owned "Autos" Only Only those "autos" you do not own, lease, hire, rent or borrow that are connection with your business. This includes "private passenger type owned by your "employees" or partners (if you are a partnership), member are a limited liability company), or members of their households but oused in your business or your personal affairs.		
79	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.	

B. Owned Autos You Acquire After The Policy Begins

- If Symbols 61, 62, 63, 64, 65, 66 or 79 are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
- 2. But, if Symbol 67 is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - **b.** You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered "autos" for Liability Coverage:

- 1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
- "Mobile equipment" while being carried or towed by a covered "auto".

- 3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - **b.** Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We will have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner, or any "employee", agent or driver of the owner, or anyone else from whom you hire or borrow a covered "auto".
 - (2) Your "employee" or agent if the covered "auto" is owned by that "employee" or agent or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
 - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company), a lessee or borrower of a covered "auto" or any of their "employees", while moving property to or from a covered "auto".
 - (5) A partner (if you are a partnership), or member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. The owner or anyone else from whom you hire or borrow a covered "auto" that is a "trailer" while the "trailer" is connected to another covered "auto" that is a power unit, or, if not connected, is being used exclusively in your business.

- d. The lessor of a covered "auto" that is not a "trailer" or any "employee", agent or driver of the lessor while the "auto" is leased to you under a written agreement if the written agreement between the lessor and you does not require the lessor to hold you harmless and then only when the leased "auto" is used in your business as a "motor carrier" for hire.
- **e.** Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

However, none of the following is an "insured":

- (1) Any "motor carrier" for hire or his or her agents or "employees", other than you and your "employees":
 - (a) If the "motor carrier" is subject to motor carrier insurance requirements and meets them by a means other than "auto" liability insurance.
 - (b) If the "motor carrier" is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are leased to that "motor carrier" and used in his or her business.

However, Paragraph (1) above does not apply if you have leased an "auto" to the for-hire "motor carrier" under a written lease agreement in which you have held that "motor carrier" harmless.

- (2) Any rail, water or air carrier or its "employees" or agents, other than you and your "employees", for a "trailer" if "bodily injury" or "property damage" or a "covered pollution cost or expense" occurs while the "trailer" is detached from a covered "auto" you are using and:
 - (a) Is being transported by the carrier; or
 - (b) Is being loaded on or unloaded from any unit of transportation by the carrier.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend; but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed we will:

- (1) Increase the Limit of Insurance for Liability Coverage to meet the limit specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing "motor carriers" of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as nofault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of "loss" because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement. But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- **b.** That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- **a.** An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- **b.** The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **a.** above.

This exclusion applies:

- Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or

b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph **a.** above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- **b.** After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of "your work" after that work has been completed or abandoned.

In the exclusion, your work means:

- **a.** Work or operations performed by you or on your behalf; and
- **b.** Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph **a.** or **b.** above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

(1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

(2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – TRAILER INTERCHANGE COVERAGE

A. Coverage

 We will pay all sums you legally must pay as damages because of "loss" to a "trailer" you don't own or its equipment under:

a. Comprehensive Coverage

From any cause except:

- (1) The "trailer's" collision with another object; or
- (2) The "trailer's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- **(2)** Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the "trailer".

c. Collision Coverage

Caused by:

- (1) The "trailer's" collision with another object; or
- (2) The "trailer's" overturn.
- 2. We have the right and duty to defend any "insured" against a "suit" asking for these damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

3. Coverage Extensions

The following apply as **Supplementary Payments.** We will pay for you:

a. All expenses we incur.

- b. The cost of bonds to release attachments, but only for bond amounts within our Limit of Insurance.
- c. All reasonable expenses incurred at our request, including actual loss of earnings up to \$250 a day because of time off from work
- d. All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- e. All interest on the full amount of any judgment that accrues after entry of the judgment; but our duty to pay interest ends when we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

B. Exclusions

 We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion: or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
- 2. We will not pay for loss of use.

3. Other Exclusions

We will not pay for "loss" due and confined to:

- Wear and tear, freezing, mechanical or electrical breakdown.
- **b.** Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

C. Limit Of Insurance

The most we will pay for "loss" to any one "trailer" is the least of the following amounts:

- 1. The actual cash value of the damaged or stolen property at the time of the "loss".
- The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- The Limit of Insurance shown in the Declarations.

D. Deductible

For each covered "trailer", our obligation to pay:

- The actual cash value of the damaged or stolen property at the time of the "loss" will be reduced by the applicable deductible shown in the Declarations.
- The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality will be reduced by the applicable deductible shown in the Declarations.
- 3. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Declarations prior to the application of the Limit of Insurance shown in the Declarations.

SECTION IV – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

a. Comprehensive Coverage

From any cause except:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

c. Collision Coverage

Caused by:

- The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

2. Towing - Private Passenger Type Autos

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the "private passenger type" is disabled. However, the labor must be performed at the place of disablement.

Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- **c.** "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extension

a. Transportation Expenses

We will also pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the "private passenger type". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

(1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";

- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

 We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
- 2. We will not pay for "loss" to any of the following:
 - a. Any covered "auto" while in anyone else's possession under a written "trailer" interchange agreement. But this exclusion does not apply to a loss payee; however, if we pay the loss payee, you must reimburse us for our payment.
 - b. Any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
 - c. Tapes, records, discs or similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

- d. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speedmeasurement equipment.
- **e.** Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
- f. Any accessories used with the electronic equipment described in Paragraph e. above.
- 3. Exclusions 2.e. and 2.f. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
 - **a.** Permanently installed in or upon the covered "auto";
 - b. Removable from a housing unit which is permanently installed in or upon the covered "auto":
 - **c.** An integral part of the same unit housing any electronic equipment described in Paragraphs **a.** and **b.** above; or
 - **d.** Necessary for the normal operation of the "auto" or the monitoring of the "auto's" operating system.
- **4.** We will not pay for "loss" due and confined to:
 - Wear and tear, freezing, mechanical or electrical breakdown.
 - **b.** Blowouts, punctures or other road damage to tires.

This exclusion does not apply to "loss" resulting from the total theft of a covered "auto".

We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limits Of Insurance

- 1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - The actual cash value of the damaged or stolen property as of the time of "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

- 2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
 - **c.** An integral part of such equipment.
- An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION V - MOTOR CARRIER CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- **b.** Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
 - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
 - (4) Authorize us to obtain medical records or other pertinent information.
 - (5) Submit to examination at our expense, by physicians of our choice, as often as we reasonably require.
- **c.** If there is a "loss" to a covered "auto" or its equipment you must also do the following:
 - (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
 - (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
 - (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
 - (4) Agree to examination under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- **a.** There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

- **a.** Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligation under this coverage form.

2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This coverage form;
- **b.** The covered "auto";
- **c.** Your interest in the covered "auto"; or
- **d.** A claim under this coverage form.

3. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this coverage form.

5. Other Insurance – Primary And Excess Insurance Provisions

- **a.** While any covered "auto" is hired or borrowed from you by another "motor carrier", this coverage form's liability coverage is:
 - (1) Primary if a written agreement between you as the lessor and the other "motor carrier" as the lessee requires you to hold the lessee harmless.
 - (2) Excess over any other collectible insurance if a written agreement between you as the lessor and the other "motor carrier" as the lessee does not require you to hold the lessee harmless.
- **b.** While any covered "auto" is hired or borrowed by you from another "motor carrier" this coverage form's liability coverage is:
 - (1) Primary if a written agreement between the other "motor carrier" as the lessor and you as the lessee does not require the lessor to hold you harmless, and then only while the covered "auto" is used exclusively in your business as a "motor carrier" for hire.
 - (2) Excess over any other collectible insurance if a written agreement between the other "motor carrier" as the lessor and you as the lessee requires the lessor to hold you harmless.
- **c.** While a covered "auto" which is a "trailer" is connected to a power unit, this coverage form's Liability Coverage is:
 - (1) Provided on the same basis, either primary or excess, as the liability coverage provided for the power unit if the power unit is a covered "auto".
 - (2) Excess if the power unit is not a covered "auto".
- **d.** Any Trailer Interchange Coverage provided by this coverage form is primary for any covered "auto".

- e. Except as provided in Paragraphs a., b., c. and d. above, this coverage form provides primary insurance for any covered "auto" you own and excess insurance for any covered "auto" you don't own.
- f. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
- g. Regardless of the provisions of Paragraphs a., b., c., d. and e. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".
- h. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- **b.** Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;

- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:
 - (a) A covered "auto" of the "private passenger type" is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
 - (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico, or Canada or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us apply to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION VI – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
 - A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
 - 2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.

- **D.** "Covered pollution cost or expense" means any cost or expense arising out of:
 - Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants": or
 - 2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- **a.** That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto":
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- **c.** After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph **a.** above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

(1) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

(2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs **b.** and **c.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- **(b)** The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- **E.** "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- **F.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- **H.** "Insured contract" means:
 - 1. A lease of premises;
 - 2. A sidetrack agreement;
 - Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - **4.** An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or

6. That part of any other contract or agreement, entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
- b. That pertains to the loan, lease or rental of an "auto" to you or any of your employees, if the "auto" is loaned, leased or rented with a driver; or
- c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" unless the covered "auto" is used in your business as a "motor carrier" for hire as in Section II, Paragraph A.1.d. of the Who Is An Insured provision.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J. "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
 - Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads:
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - **3.** Vehicles that travel on crawler treads:
 - **4.** Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - **b.** Road construction or resurfacing equipment such as graders, scrapers or rollers;

- 5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
 - **b.** Cherry pickers and similar devices used to raise or lower workers; or
- 6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
 - Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - **c.** Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- **L.** "Motor carrier" means a person or organization providing transportation by "auto" in the furtherance of a commercial enterprise.
- M. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- N. "Private passenger type" means a private passenger or station wagon type "auto" and includes an "auto" of the pickup or van type if not used for business purposes.
- "Property damage" means damage to or loss of use of tangible property.
- P. "Suit" means a civil proceeding in which:
 - **1.** Damages because of "bodily injury" or "property damage"; or
 - 2. A "covered pollution cost or expense",

to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" submits with our consent.
- Q. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- R. "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer. But for Trailer Interchange Coverage only, "trailer" also includes a container.

COMMERCIAL AUTO CA 01 75 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA CHANGES

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Changes In Conditions

The Concealment, Misrepresentation Or Fraud General Condition is replaced by the following:

We will not pay for any "loss" or damage in any case involving misrepresentations, omissions, concealment of facts or incorrect statements:

- 1. That are fraudulent;
- **2.** That are material either to the acceptance of the risk, or to the hazard assumed by us; and
- **3.** Where, if the true facts had been known to us as required either by the application for the policy or otherwise, we in good faith would either:
 - a. Not have issued the policy;
 - **b.** Not have issued the policy in as large an amount; or
 - **c.** Not have provided coverage with respect to the hazard resulting in the "loss".

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 03 01 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	

SCHEDULE

Liability Coverage is subject to one of the following two deductibles shown below:

Liability Deductible:			Per "Accident"
	OR		
'Property Damage" Only Liability Deductible:	\$	500	Per "Accident"

Liability Coverage is changed as follows:

A. Liability Coverage Deductible

If a Liability Deductible, and not a "Property Damage" Only Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage will be reduced by the Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

B. Property Damage Only Liability Coverage Deductible

If a "Property Damage" Only Liability Deductible, and not a Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage for "property damage" will be reduced by the "Property Damage" Only Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

C. Our Right To Reimbursement

To settle any claim or "suit" we may pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 04 44 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

M.R. TANNER MINING, INC., M.R. TANNER MINING E&L, L.L.C., QUEEN CREEK PIT, LLC, AND RANKIN PIT, LLC

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

(Page 45 of 196)

POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): PACCAR FINANCIAL CORP

Address: PO BOX 2374

DENTON, TX USA 76202

Designation Or Description AZ 35 2007 PETERBILT TRACTOR 357

Of 'Leased Autos': 1NPALUTX97D743991

Coverages	Limit Of Insurance			
Liability	\$ 1,000,000 Each "Accident"			
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"			
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"			
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- **3.** Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(Page 48 of 196)

POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY **Policy Number:** OPS0062348 **Effective Date:** 10–23–2013 **Expiration Date:** 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. Address: P.O. BOX 1649 CORTARO ΑZ 85652-Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP 17320 RED HILL AVE Address: SUITE 250 IRVINE, CA USA 92614 Designation Or Description AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 Of 'Leased Autos': AZ 25 2006 KENWORTH 1NKDXUTX06R118467

Coverages	Limit Of Insurance 1,000,000 Each "Accident"			
Liability				
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"			
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Collision	\$ 1,000 Deductible For Each Covered "Leased Auto"			
0 7 1	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"			
Information required to co	mplete this Schedule, if not shown above, will be shown in the Declarations.			

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL

Address: 530 E SWEDESFORD RD WAYNE, PA USA 19087

Designation Or Description AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO

 Of 'Leased Autos':
 1XP5DB9X01N542093

Coverages	Limit Of Insurance			
Liability	\$ 1,000,000	Each "Accident"		
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"		
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"		
Consideral	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Specified Causes Of Loss		Deductible For Each Covered "Leased Auto"		

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- 3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

CEMEX, INC. AND SHIPPER, AFFILIATES, SUBSIDIARIES РО ВОХ 1128 GLENVIEW, IL 60025

WESTERN ROCK PRODUCTS 851 N RED ROCK ROAD ST GEORGE, UT 84770

VULCAN MATERIALS CO. AND ITS SUBSIDIARY COMPANIES 2526 EAST UNIVERSITY DRIVE PHOENIX, AZ 85034

GINS BROKERAGE INC 592 N MILL ST PLYMOUTH, MI 48170

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

SCOTTSDALE00088

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

HANSON AGGREGATE AZ, INC PO BOX 1630 CLARKDALE, AZ 86324

M.R. TANNER MINING, INC. M.R. TANNER MINING E&L LLC QUEEN CREEK PIT LLC RANKING PIT LLC 1327 W SAN PEDRO STREET GILBERT, AZ 85233

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

SCOTTSDALE000089

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 21 39 07 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA UNINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:		
Endorsement Effective Date:		

SCHEDULE

Limit Of Insurance: \$ 30,000 Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- 1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
- 2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

- 1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- **c.** Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
- 2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - **b.** Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

П

C. Exclusions

This insurance does not apply to any of the follow-

- 1. Punitive or exemplary damages.
- 2. Any claim settled without our consent.
- 3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 4. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 5. "Bodily injury" arising directly or indirectly out
 - **a.** War, including undeclared or civil war;
 - **b.** Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
- 2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage Form, Medical Payments Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

We will not make a duplicate payment under this Coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible, including all sums paid under the policy's Liability Cover-

We will not pay for any element of "loss" for which an "insured" is entitled to receive payment under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The conditions are changed for Uninsured Motorists Coverage as follows:

- 1. Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance - Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms are changed by addition of the follow
 - a. The reference to "other collectible insurance" applies only to other collectible uninsured motorists insurance.
 - **b.** Any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form shall be excess over any other collectible uninsured motorists insurance providing coverage on a primary basis.
- 2. Duties In The Event Of Accident, Claim, Suit Or **Loss** is changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - **b.** Promptly send us copies of the legal papers if a "suit" is brought.
- 3. Transfer Of Rights Of Recovery Against Others **To Us** is changed by adding the following:

If we make any payment under this coverage, and the "insured", or someone on behalf of the "insured", has a right to recover damages from the owner or operator of the "uninsured motor vehicle", we shall be subrogated to that right.

4. Two Or More Coverage Forms Or Policies **Issued By Us** Condition is replaced by the following:

If this coverage form and any other coverage form or policy issued to the Named Insured by us or any company affiliated with us apply to the same "accident", only one coverage form or policy shall be applicable to the "accident". The Named Insured shall select the one coverage form or policy that will apply. This condition does not apply to any coverage form or policy issued by us or any affiliated company which is excess insurance over this coverage form.

5. The following conditions are added:

a. Arbitration

- (1) If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (2) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

b. Time Limitation

- (1) We will not be liable for uninsured motorists coverage benefits unless the "insured" gives us written notice of the "insured's" intent to pursue an uninsured motorists coverage claim under this coverage form within three years after the date of the "accident" that caused the "bodily injury". However, the "insured" may make an uninsured motorists coverage claim within three years after the earliest of the following:
 - (a) The date the "insured" knew that the tortfeasor was uninsured.
 - (b) The date the "insured" knows or should have known that coverage was denied by the tortfeasor's insurer.
 - (c) The date the "insured" knows or should have known of the insolvency of the tortfeasor's insurer.

- (2) If we and the "insured" do not settle a claim for uninsured motorists coverage under this coverage form for which the "insured" has given us timely written notice in accordance with Paragraph (1) above, we will not be liable for uninsured motorists coverage benefits unless within three years after the date the "insured" provides us with such written notice the "insured":
 - (a) Files a lawsuit against us for uninsured motorists coverage benefits under this coverage form; or
 - **(b)** Requests arbitration pursuant to the provisions of this coverage form.

F. Additional Definitions

As used in this endorsement:

- 1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
- 2. "Occupying" means in, upon, getting in, on, out or off.
- 3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy at the time of an "accident" provides at least the amount specified in Section 28-4009 of the Arizona Revised Statutes:
 - **b.** For which an insuring or bonding company denies coverage or is or becomes insolvent;
 - **c.** That is a hit-and-run vehicle and neither the driver nor owner can be identified. The vehicle must either:
 - (1) Hit an "insured", a covered "auto" or a vehicle an "insured" is "occupying"; or
 - (2) Cause "bodily injury" to an "insured" without hitting an "insured", a covered "auto" or a vehicle an "insured" is "occupying", provided the facts of the "accident" can be corroborated by any additional and confirming testimony, fact or evidence that strengthens and adds weight or credibility to the "insured's" representation of the "accident".

However, "uninsured motor vehicle" does not include any vehicle designed for use mainly off public roads while not on public roads.

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 21 40 07 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA UNDERINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in Arizona, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:		_
Endorsement Effective Date:		

SCHEDULE

Limit Of Insurance: 30,000 Each 'Accident" Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Error! AutoText entry not defined.

A. Coverage

- 1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle".
- 2. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

B. Who Is An Insured

If the Named Insured is designated in the Declara-

- 1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family mem-

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
- 2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
 - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - **b.** Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

П

C. Exclusions

This insurance does not apply to any of the following:

- 1. Punitive or exemplary damages.
- 2. Any claim settled without our consent.
- 3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- **4.** Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - **c.** Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

- Regardless of the number of covered "autos",
 "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we
 will pay for all damages resulting from any one
 "accident" is the Limit of Insurance for Underinsured Motorists Coverage shown in the Schedule or Declarations.
- 2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage Form, Medical Payments Coverage Endorsement or Uninsured Motorists Coverage Endorsement attached to this Coverage Part.
 - We will not make a duplicate payment under this Coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible, including all sums paid under the policy's Liability Coverage.
- 3. We will reduce the "insured's" total damages by any amount available to that "insured", under any bodily injury liability bonds or policies applicable to the "underinsured motor vehicle", that such "insured" did not recover as a result of a settlement between that "insured" and the insurer of an "underinsured motor vehicle". However, any reduction of the "insured's" total damages will not reduce the limit of liability for this coverage.

E. Changes In Conditions

The conditions are changed for Underinsured Motorists Coverage as follows:

- Other Insurance in the Business Auto and Garage Coverage Forms and Other Insurance

 Primary And Excess Insurance Provisions in the Truckers and Motor Carrier Coverage Forms are changed by addition of the following:
 - a. The reference to "other collectible insurance" applies only to other collectible underinsured motorists insurance.
 - b. Any insurance we provide with respect to a vehicle owned by the Named Insured or, if the Named Insured is an individual, any "family member", that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form shall be excess over any other collectible underinsured motorists insurance providing coverage on a primary basis.
- 2. Duties In The Event Of Accident, Claim, Suit Or Loss is changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - **b.** Promptly send us copies of the legal papers if a "suit" is brought.
- 3. The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to Underinsured Motorists Coverage.
- 4. Two Or More Coverage Forms Or Policies Issued By Us Condition is replaced by the following:

If this coverage form and any other coverage form or policy issued to the Named Insured by us or any company affiliated with us apply to the same "accident", only one coverage form or policy shall be applicable to the "accident". The Named Insured shall select the one coverage form or policy that will apply. This Condition does not apply to any coverage form or policy issued by us or any affiliated company which is excess insurance over this coverage form.

5. The following conditions are added:

a. Arbitration

- (1) If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (2) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

b. Time Limitation

(1) We will not be liable for underinsured motorists coverage benefits unless the "insured" gives us written notice of the "insured's" intent to pursue an underinsured motorists coverage claim under this coverage form within three years after the date of the "accident" that caused the "bodily injury", and the "insured" has either made a claim with the tortfeasor's insurer or filed an action against the tortfeasor within the time limits prescribed by Section 12-542 of the Arizona Revised Statutes or within the corresponding limitation period provided under the law of the location where the "accident" occurred. However, the "insured" may make an underinsured motorists coverage claim within three years after the date the "insured" knows or should have known that the tortfeasor has insufficient liability insurance to cover the "insured's" injuries.

- (2) If we and the "insured" do not settle a claim for underinsured motorists coverage under this coverage form for which the "insured" has given us timely written notice in accordance with Paragraph (1) above, we will not be liable for underinsured motorists coverage benefits unless within three years after the date the "insured" provides us with such written notice the "insured":
 - (a) Files a lawsuit against us for underinsured motorists coverage benefits under this coverage form; or
 - **(b)** Requests arbitration pursuant to the provisions of this coverage form.

F. Additional Definitions

As used in this endorsement:

- 1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
- 2. "Occupying" means in, upon, getting in, on, out or off.
- 3. "Underinsured motor vehicle" means a land motor vehicle or "trailer" for which the sum of all bonds or policies applicable at the time of an "accident" does not provide at least the amount an "insured" is legally entitled to recover as damages resulting from "bodily injury" caused by the "accident".

However, "underinsured motor vehicle" does not include any vehicle designed for use mainly off public roads while not on public roads.

COMMERCIAL AUTO CA 99 28 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STATED AMOUNT INSURANCE

This endorsement modifies insurance provided under the following:

POLICY NUMBER: OPS0062348

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	

SCHEDULE

The insurance provide	ed by this endorse	ement is re	educed by the following deductible(s):			
Vehicle Number	Coverage	Limit Of Insurance And Deductible Premium				
		\$	Limit Of Insurance	\$		
SEE UTS-234		\$	Deductible			
		\$	Limit Of Insurance	\$		
		\$	Deductible			
		\$	Limit Of Insurance	\$		
		\$	Deductible			
		•	Total Premium	\$		

NOTE:

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provisions which follow.

Designation Or Description Of Covered "Autos"						
Vehicle Number	Model Year	Trade Name And Model				
SEE UTS-234						
Information required to complete this S	Schedule, if not shown above, will be	shown in the Declarations.				

- **A.** This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".
- B. For a covered "auto" described in the Schedule, Physical Damage Coverage — Limit Of Insurance is replaced by the following:

Limit Of Insurance

- **1.** The most we will pay for "loss" in any one "accident" is the least of the following amounts:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
 - The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
 - The Limit of Insurance shown in the Schedule.
- An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

C. Deductible

- 1. For each covered "auto", our obligation to pay:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss" will be reduced by the applicable deductible shown in the Schedule;
 - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality will be reduced by the applicable deductible shown in the Schedule; or
 - c. The damages for "loss" that would otherwise be payable will be reduced by the applicable deductible shown in the Schedule prior to the application of the Limit of Insurance shown in the Schedule.
- 2. Any Comprehensive Coverage Deductible shown in the Schedule does not apply to "loss" caused by fire or lightning.

COMMERCIAL AUTO CA 99 44 12 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE CLAUSE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
- **B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- **C.** We may cancel the policy as allowed by the CAN-CELLATION Common Policy Condition.
- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.
- **D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.



Policy No. OPS0062348 Effective Date: 10-23-13

12:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC. Agent No. 43006

AMENDED MILEAGE RESTRICTION

IN CONSIDERATION OF THE PREMIUM CHARGED IT IS HEREBY UNDERSTOOD AND AGREED THAT THE MILEAGE RESTRICTION DESCRIBED IN ENDORSEMENT CA-2 DOES NOT APPLY TO VEHICLES 2001 PETERBILT VIN#1XP5DB9X11D562519 AND 2007 REITNOUER FLAT BED TRAILER VIN# 1RNF49A2X7R017890

Case 4:18-cv-00014-DN-PK Document 114-8 Filed 01/29/21 PageID.2621 Page 100 of 187

Public Burden Statement

OMB NO: 2126-0008

UML NO: 2126-0008
Expiration Date: 03/31/2013
A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information subject to the requirements of the Paperwork Reduction Number for this information is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gate in a completting and reviewing in the collection of information.

All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Office and Carrier Safety Administration, M.C. RRA, Weshington, D.C. 20590.



ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR **CARRIER ACT OF 1980**

Safety Administ	ration	
	Issued to BLAKE REIDHEAD, INC DBA BDI	R _ of 5400 W Massingale Tucson, Az _
	Dated at MURRAY, UT	this <u>25TH</u> day of <u>NOVEMBER</u> , 20 _13
	Amending Policy No. OPS0062348	ffective Date _ 10-23-2013
	Name of Insurance Company_SCOTTSDALE INSURAN	
	Countersigned by _	Authorized Company Representativ
	This insurance is excess and the company shall not be liable for excess of the underlying limit of \$\) Whenever required by the Federal Motor Carrier Safety Administration and all its endorsements. The company also agrees, upon telephone the policy is in force as of a particular date. The telephone number to Cancellation of this endorsement may be effected by the company or to (said 35 days notice to commence from the date the notice is mailed, pi	for amounts in excess of \$\frac{\frac{750}{750}}{000}\$ for each accident. for each accident in for each accident in for each accident in for each accident. In (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy request by an authorized representative of the FMCSA, to verify that o call is: the insured by giving (1) thirty-five (35) days notice in writing to the other party roof of mailing shall be sufficient proof of notice), and (2) if the insured is subject roviding thirty (30) days notice to the FMCSA (said 30 days notice to commence
		USED IN THIS ENDORSEMENT
	Accident includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended. Mictor Vehble means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.	Property Damage means damage to or loss of use of tangible property. Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.
	Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.	Public Liability means liability for bodily injury, property damage, and environmental restoration.
	The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA). In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo, It is understood and agreed that no condition, provision, stipulation, or	endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured a grees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement. It is further understood and agreed that, upon failure of the company to pay any final judgment recovered again the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment. The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

Form MCS-90(page 1 of 2)

SCHEDULE OF LIMITS--PUBLIC LIABILITY

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hoppertype vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials, Division 2.1, hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

Form MCS-90(page 2 of 2)

Policy No.

COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by	x below.	
Commercial Property		
Commercial General Liability		
Commercial Crime		
Commercial Inland Marine		
X COMMERCIAL AUTO	\$	1,514.00
CHANGE DESCRIPTION		
THIS POLICY IS AMENDED AS FOLLOWS:		
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0083 - AZ 2013 TRINITY TRAILER VIN# 1T9S	C4021DB650	6317
THE FOLLOWING FORM(S) HAS BEEN AMENDED: CA 20 01 03-06 ADDL INSD-LESSOR UTS-232 03-10 SCHEDULE OF LOSS PAYEE(S)		
PREMIUM CHANGE		
Additional \$ 1,514.00 Re	turn \$	
ALITE	IORIZED AGEN	JT

(Page 7 of 157)



Policy No.: _	OPS0062348		Effective Date: <u>11-04-13</u>
_			12:01 A.M. Standard Time
Named Insure	d: BLAKE REIDHEAD,	INC.	Agent No.: 43006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change					
Covered	Vehicle		Description			
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)		
AZ83	Α	2013	TRINITY TRAILER	1T9SC4021DB656317		

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ83	CAMP VERDE, AZ	129		\$ 66,500

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ83	500 OR INTRASTATE			2	675210

(Page 8 of 157)

SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.:	OPS0062348			Effectiv	e Date:	11-04-13	
				-		12:01 A.M. Standard Time	•
Named Insur	ed: BLAKE R	REIDHEAD,	INC.	Agent N	No.: 4	13006	

	C	overages—Premiums, Limit	s and Deductibles	
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ83	\$ 59			

Covered Auto Number	o Medical ayments Premium	Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
AZ83						59 A/P

Corporad	(Other Than Collis	sion	Col	lision		Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ83	\$ 1,000		\$ 582	\$ 1,000	\$ 873		1455 A/P



Policy No 🖸	PS0062348		Effective Date	11-04-13
				12:01 A.M. Standard Time
Named Insure	d BLAKE REIDHEAD,	INC.	Agent No. 430	006

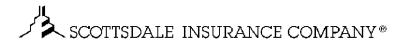
Named Insured	BLAKE REIDHEAD, INC. Agent No. 43006
Covered	Loss Payee Name and Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716



Policy No. OP:	50062348		Effective Date	11-04-13
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	A gent No43	006

Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006
Covered	Loss Payee Na	ame and Mailing Address
Auto No.	Except for towing, all covered physical damage according to their interests in the "auto" at the tim	"loss" is payable to you and the loss payee named below
28	BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173	

UTS-232 (3-10) SCOTTSDALE000106



Policy No.	OPS0062348			Effective Date	11-04-13
					12:01 A.M. Standard Time
Named Insur	red BLAKE RE	CIDHEAD, I	INC.	Agent No. 43	3006

Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006
Covered	Loss Payee Na	me and Mailing Address
Auto No.	Except for towing, all covered physical damage according to their interests in the "auto" at the time	"loss" is payable to you and the loss payee named below e of the "loss."
	Except for towing, all covered physical damage	"loss" is payable to you and the loss payee named below e of the "loss."

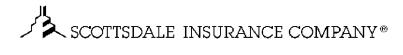
UTS-232 (3-10) SCOTTSDALE000107



Policy No. OP	S0062348		Effective Da	te 11-04-13
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No	43006

Covered	Loss Payee Name and Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named belo according to their interests in the "auto" at the time of the "loss."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087

UTS-232 (3-10) SCOTTSDALE000108



Policy No. 01	PS0062348	Effective Date	11-04-13			
-			12:01 A.M. Standard Time			
Named Insure	BLAKE REIDHEAD, INC.	A gent No. 43	006			
Covered	Logo Poyeo Nome on	d Mailing Addraga				
Covered	Loss Payee Name and Mailing Address					
1		•				
Auto No.	Except for towing, all covered physical damage "loss" according to their interests in the "auto" at the time of the	is payable to you and	the loss payee named below			
Auto	Except for towing, all covered physical damage "loss"	is payable to you and	the loss payee named below			
Auto No.	Except for towing, all covered physical damage "loss" according to their interests in the "auto" at the time of the	is payable to you and	the loss payee named below			

(Page 14 of 157)

POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	
Countersignature Of Authorized Representative	
Name:	
Title:	
Signature:	
Date:	

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 **Effective Date:** 10–23–2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

> CORTARO ΑZ 85652-

Additional Insured (Lessor): PACCAR FINANCIAL CORP

PO BOX 2374 Address:

DENTON, TX USA 76202

Designation Or Description AZ 35 2007 PETERBILT TRACTOR 357

Of 'Leased Autos': 1NPALUTX97D743991

Coverages	Limit Of Insurance					
Liability	\$ 1,000,000	Each "Accident"				
	Actual Cash Value Or Cos	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"				
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus					
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"				
Charified	Actual Cash Value Or Cos	st Of Repair Whichever Is Less, Minus				
Specified Causes Of Loss		Deductible For Each Covered "Leased Auto"				

information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- 1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company: SCOTTSDALE INSURANCE COMPANY Policy Number: OPS0062348 **Effective Date:** 10–23–2013 **Expiration Date:** 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. Address: P.O. BOX 1649 CORTARO AΖ 85652-Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP 17320 RED HILL AVE Address: SUITE 250 IRVINE, CA USA 92614 Designation Or Description AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 Of 'Leased Autos': AZ 25 2006 KENWORTH 1NKDXUTX06R118467

Coverages	Limit Of Insurance					
Liability	1,000,000	Each "Accident"				
	Actual Cash Value Or Cos	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"				
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus						
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"				
Specified	Actual Cash Value Or Cos	st Of Repair Whichever Is Less, Minus				
Causes Of Loss		Deductible For Each Covered "Leased Auto"				

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(Page 20 of 157)

POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL

Address: 530 E SWEDESFORD RD WAYNE, PA USA 19087

Designation Or Description AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO Of 'Leased Autos': 1XP5DB9X01N542093

Coverages Limit Of Insurance Each "Accident" Liability 1,000,000 Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Comprehensive \$ Deductible For Each Covered "Leased Auto" 1,000 Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Collision \$ 1,000 Deductible For Each Covered "Leased Auto" Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Specified Deductible For Each Covered "Leased Auto" Causes Of Loss

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- 1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- 3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

Home Office Copy

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POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company:

SCHEDULE

SCOTTSDALE INSURANCE COMPANY

Policy Number: Effective Date: 10–23–2013 OPS0062348 Expiration Date: 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. P.O. BOX 1649 Address:

CORTARO AΖ 85652-

Additional Insured (Lessor): EK LEASING

8200 EISENMAN RD Address: BOISE, ID USA 83716

Designation Or Description AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317 Of 'Leased Autos':

Coverages	Limit Of Insurance				
Liability	\$ 1,000,000	Each "Accident"			
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"			
	Actual Cash Value Or Cos	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus			
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"			
Specified	Actual Cash Value Or Cos	t Of Repair Whichever Is Less, Minus			
Causes Of Loss		Deductible For Each Covered "Leased Auto"			

A. Coverage

- 1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

	SCOTTSDALE INSURANCE COM	ſPANY®		
CHANGE ENDORSEMENT NO. 002				
Policy No.	OPS0062348	Effective Date: 12-03-13 12:01 A.M. , Standard Time		
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006		

COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by x	below.	
Commercial Property		
Commercial General Liability		
Commercial Crime		
Commercial Inland Marine		
X COMMERCIAL AUTO	\$	2,429.00
CHANGE DESCRIPTION		
THIS POLICY IS AMENDED AS FOLLOWS:		
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0084 - AZ 2004 KENWORTH 6X4 121 BBC ALUM & 3WKDDU9X54F066467	FG LONG	VIN#
PREMIUM CHANGE		
Additional \$ 2,429.00 Retu	ırn \$	
AUTHC	RIZED AGEN	IT



Policy No.:	OPS006234	8		Effective Dat	e: <u>12-0</u>	3-13
_					12:01	A.M. Standard Time
Named Insur-	ed: BLAKE	REIDHEAD,	INC.	Agent No.:	43006	

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change					
Covered	Vehicle		Description			
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)		
AZ84	A	2004	KENWORTH 6X4 121 BBC ALUM & FG LONG	3WKDDU9X54F066467		

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ84	CORTARO, AZ	118		\$ 13,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ84	500 OR INTRASTATE		85 , 000	6	505210

SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.: _	OPS006234	8		Eff	fective Date:	12-03-	-13
_				-		12:01 A .N	1. Standard Time
Named Insure	ed: BLAKE	REIDHEAD,	INC.	A g	gent No.: 4	13006	

	Coverages—Premiums, Limits and Deductibles								
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)					
AZ84	\$ 2,051								

Covered	Auto Medical Payments		Medical Income Loss Benefits	Uninsured	Underinsured	i i	
Auto Benefits (Virginia Only) (Virginia	(Mirainia Only)	Motorist Premium	Motorist Premium	Liability Premium			
AZ84					\$ 11	\$ 9	2071 A/P

C	Other Than Collision			Collision			Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ84	\$ 1,000		\$ 143	\$ 1,000	\$ 215		358 A/P

SCOTTSDALE INSURANCE COMPANY®						
	CHANGE ENDORSEMENT NO. 003					
Policy No.	OPS0062348	Effective Date: 01-09-14 12:01 A.M., Standard Time				
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006				

COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by x below.					
Commercial Property					
Commercial General Liability					
Commercial Crime					
Commercial Inland Marine					
X COMMERCIAL AUTO \$ 2,169.00					
CHANGE DESCRIPTION					
THIS POLICY IS AMENDED AS FOLLOWS:					
THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY:					
WELLS FARGO EQUIPMENT FINANCE, INC					
1540 FOUNTAINHEAD PKWY TEMPE AZ 85282					
THE FOLLOWING VEHICLE HAS BEEN ADDED:					
0085 - AZ 2005 PETERBILT 6X4 119.5 BBC ALUM LONG CO VIN# 1XP5DB9X55D862246					
THE FOLLOWING FORM(S) HAS BEEN AMENDED:					
CA 20 01 03-06 ADDL INSD-LESSOR UTS-232 03-10 SCHEDULE OF LOSS PAYEE(S)					
PREMIUM CHANGE					
Additional \$ 2,169.00 Return \$					
AUTHORIZED AGENT					



Policy No.:	OPS0062348		Effective Date:	01-09-14
				12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD.	TNC.	Agent No.: 4	13006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change								
Covered	Vehicle		Description						
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)					
AZ85	A	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X55D862246					

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CAMP VERDE, AZ	129		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

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SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.:	OPS0062348			E	Effective Date	e: <u>01-09-</u>	14
_				-		12:01 A.W	I. Standard Time
Named Insur	ad BLAKE E	REIDHEAD	TNC	Δ	Agent No ·	43006	

	(Coverages—Premiums, Limit	s and Deductibles	
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
AZ85	\$ 1,310			

Covered Auto Number	o Medical ayments Premium	Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
AZ85				\$ 9	⊗ «ş	1327 A/P

Covered	(Other Than Collis	sion	Col	lision		Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ85	\$ 1,000		\$ 337	\$ 1,000	\$ 505		842 A/P



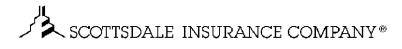
Policy No	DPS0062348		Effective Date	01-09-14
				12:01 A.M. Standard Time
Named Insure	ed BLAKE REIDHEAD,	INC.	Agent No. 430	006

Named Insured	BLAKE REIDHEAD, INC. Agent No.	43006
Covered	Loss Payee Name and Mailing Address	
Auto No.	Except for towing, all covered physical damage "loss" is payable to you according to their interests in the "auto" at the time of the "loss."	· · · · · · · · · · · · · · · · · · ·
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202	
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716	



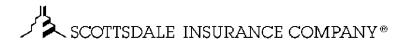
Policy No.	OPS0062348		Effective Date	01-09-14
				12:01 A.M. Standard Time
Named Insur	ed BLAKE REID	HEAD, INC.	Agent No. 43	006

BLAKE REIDHEAD, INC. Agent No. 43006
Loss Payee Name and Mailing Address
Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."
BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173
WELLS FARGO EQUIPMENT FINANCE, INC 1540 FOUNTAINHEAD PKWY TEMPE, AZ 85282



Policy No	DPS0062348		Effective Date 01-09-14	
			12:01 A.M. Standard Time	,
Named Insur	ed BLAKE REIDHEAD,	INC.	Agent No. 43006	

Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006
Covered	Loss Payee Name and	Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is according to their interests in the "auto" at the time of the	s payable to you and the loss payee named below
li de la companya de	Except for towing, all covered physical damage "loss" is according to their interests in the "auto" at the time of the PEOPLE'S UNITED EQUIPMENT; FINANCE 17320 RED HILL AVE, STE 250 IRVINE, CA 92614	e "loss."



Policy No. OPS	50062348		Effective Date	01-09-14
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No. 43	006
Covered		Laca Payaa Nama and Maili	ina Addraga	

Covered Auto No.	Loss Payee Name and Mailing Address Except for towing, all covered physical damage "loss" is payable to you and the loss payee named beloaccording to their interests in the "auto" at the time of the "loss."
8	TRANSPORT INTERNATIONAL POOL 530 E SWEDESFORD RD WAYNE, PA 19087

UTS-232 (3-10) SCOTTSDALE000131



Policy No. OP	S0062348	Effective Date	01-09-14
			12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43	006
Covered	Loss Payee Name and Ma	ailing A ddress	
Auto No.	Except for towing, all covered physical damage "loss" is paccording to their interests in the "auto" at the time of the "lo	•	the loss payee named below
27	TCF EQUIPMENT FINANCE INC		
	11100 WAYZATA BLVD #801		
	MINNETONKA, MN 55305		

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): PACCAR FINANCIAL CORP

Address: PO BOX 2374

DENTON, TX USA 76202

Designation Or Description AZ 35 2007 PETERBILT TRACTOR 357

Of 'Leased Autos': 1NPALUTX97D743991

Coverages	Limit Of Insurance	
Liability	\$ 1,000,000 Each "Accident"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Collision	Deductible For Each Covered "Leased Auto"	
0	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	\$ 1,000 Deductible For Each Covered "Leased Auto"	
Information required to cor	nplete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(Page 17 of 163)

POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company: SCOTTSDALE INSURANCE COMPANY Policy Number: OPS0062348 **Effective Date:** 10–23–2013 **Expiration Date:** 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. Address: P.O. BOX 1649 CORTARO AΖ 85652-Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP 17320 RED HILL AVE Address: SUITE 250 IRVINE, CA USA 92614 Designation Or Description AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 Of 'Leased Autos': AZ 25 2006 KENWORTH 1NKDXUTX06R118467

Coverages	Limit Of Insurance		
Liability	1,000,000 Each "Accident"		
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"		
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		
Collision	Deductible For Each Covered "Leased Auto"		
Cuarifical	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		
Specified Causes Of Loss	\$ 1,000 Deductible For Each Covered "Leased Auto"		
Information required to co	mplete this Schedule, if not shown above, will be shown in the Declarations.		

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(Page 20 of 163)

POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	
Countersignature Of Authorized Representative	
Name:	
Title:	
Signature:	
Date:	

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL

Address: 530 E SWEDESFORD RD WAYNE, PA USA 19087

Designation Or Description AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO

Of 'Leased Autos': 1XP5DB9X01N542093

Coverages	Limit Of Insurance	
Liability	\$ 1,000,000 Each "Accident"	
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"	
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		
Collision	Deductible For Each Covered "Leased Auto"	
0	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	\$ 1,000 Deductible For Each Covered "Leased Auto"	
Information required to co	omplete this Schedule, if not shown above, will be shown in the Declarations	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Insurance Company: SCOTTSDALE INSURANCE COMPANY **Policy Number: Effective Date:** 10–23–2013 OPS0062348 Expiration Date: 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. P.O. BOX 1649 Address: CORTARO AΖ 85652-Additional Insured (Lessor): EK LEASING 8200 EISENMAN RD Address: BOISE, ID USA 83716

AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317

Designation Or Description Of 'Leased Autos':

Coverages	Limit Of Insurance	
Liability	\$ 1,000,000	Each "Accident"
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus		st Of Repair Whichever Is Less, Minus
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minu		st Of Repair Whichever Is Less, Minus
Collision		Deductible For Each Covered "Leased Auto"
- · · · ·	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	\$ 1,000	Deductible For Each Covered "Leased Auto"

A. Coverage

- 1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

CA 20 01 03 06

SCHEDULE

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

Insurance Company:

CORTARO AZ 85652-

SCOTTSDALE INSURANCE COMPANY

Additional Insured (Lessor): WELLS FARGO EQUIPMENT FINANCE, INC

Address: 1540 FOUNTAINHEAD PKWY TEMPE, AZ USA 85282

Designation Or Description AZ 85 2005 PETERBILT 6X4 119.5 BBC ALUM LONG CO **Of 'Leased Autos':** 1XP5DB9X55D862246

Coverages	Limit Of Insurance					
Liability	\$ 1,000,000 Each "Accident"					
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered "Leased Auto"					
Comprehensive						
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus					
Collision	Deductible For Each Covered "Leased Auto"					
0	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus					
Specified Causes Of Loss	\$ 1,000 Deductible For Each Covered "Leased Auto"					
Information required to cor	nformation required to complete this Schedule, if not shown above, will be shown in the Declarations.					

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

Policy No. OPS0062348 Effective Date: 01-09-1412:01 A.M., Standard Time

Named Insured BLAKE REIDHEAD, INC. **Agent No.** 43006

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by 🗵 below.		
Commercial Property		
Commercial General Liability		
Commercial Crime		
Commercial Inland Marine		
X COMMERCIAL AUTO \$	\$ -2,169.0	0
CHANGE DESCRIPTION		
ENDORSEMENT # 3, EFFECTIVE 1/9/2014, IS HEREBY DECLARED VOID.	NULL AND	
VOID.		
PREMIUM CHANGE		
Additional \$ Return \$	-2,169.00	
AUTHORIZED	AGENT	_



Policy No.:	OPS0062348		Effective Date	e: <u>01-09-14</u>
•			-	12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD.	INC.	Agent No.:	43006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change					
Covered	Vehicle		Description			
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)		
AZ85	D	2005	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X55D862246		

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CAMP VERDE, AZ	129		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GWW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.:	OPS00623	48		Effective Date	e: <u>01-09-14</u>
				-	12:01 A.M. Standard Time
Named Insur	ed: BLAKE	REIDHEAD.	INC.	Agent No.:	43006

Coverages—Premiums, Limits and Deductibles						
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)		
AZ85	\$ -1,310					

Covered Auto Number	o Medical ayments Premium	Medical Expense Benefits (Virginia Only)	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
AZ85		Premium		\$ -9	\$ -8	-1327 R/P

Covered	(Other Than Collis	sion	Col	lision		Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ85	\$ 1,000		\$ -337	\$ 1,000	\$ -505		-842 R/P

	SCOTTSDALE INSURANCE COM	PANY®			
	CHANGE ENDORSEMENT NO. 005				
Policy No.	OPS0062348	Effective Date: 01-09-14 12:01 A.M., Standard Time			
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006			

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by x below.					
Commercial Property					
Commercial General Liability					
Commercial Crime					
Commercial Inland Marine					
COMMERCIAL AUTO \$ 2,675.00					
CHANGE DESCRIPTION					
THIS POLICY IS AMENDED AS FOLLOWS:					
THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED LESSOR) HAS BEEN ADDED TO THE POLICY: WELLS FARGO EQUIPMENT FINANCE, INC 1540 FOUNTAINHEAD PKWY TEMPE AZ 85282					
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0085 - AZ 2005 PETERBILT 6X4 127 BBC EXTENDED HOOD VIN# 1XP5DB9X55D862246					
THE FOLLOWING FORM(S) HAS BEEN AMENDED: CA 20 01 03-06 ADDL INSD-LESSOR UTS-232 03-10 SCHEDULE OF LOSS PAYEE(S)					
DDE MILLIM CHANCE					
PREMIUM CHANGE Additional © 0.075,00					
Additional \$ 2,675.00 Return \$					
AUTHORIZED AGENT					



Policy No.:	OPS0062348	}		Effective Date	: 01-09-14
_				-	12:01 A.M. Standard Time
Named Insur	ed: BLAKE F	REIDHEAD.	INC.	Agent No.:	43006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change								
Covered	Vehicle		Description						
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)					
AZ85	Α	2005	PETERBILT 6X4 127 BBC EXTENDED HOOD	1XP5DB9X55D862246					

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ85	CORTARO, AZ	118		\$ 45,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ85	500 OR INTRASTATE		110,000	6	505210

SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.:	OPS0062348		Effective Date: 01-09-14
_			12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD,	INC.	Aaent No. : 43006

	Coverages—Premiums, Limits and Deductibles							
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)				
AZ85	\$ 1,816							

Covered Auto		o Medical ayments	Medical Expense Benefits	Income Loss Benefits	Uninsured Motorist	Underinsured Motorist	Total Liability
Number	Limit	Premium	(Virginia Only) Premium	(Virginia Only) Premium	Premium	Premium	Premium
AZ85					\$		1833 A/P

Cornered	(Other Than Collis	sion	Col	lision		Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible Premium Premium		Towing & Labor Premium	Physical Damage Premium
AZ85	\$ 1,000		\$ 337	\$ 1,000	\$ 505		842 A/P



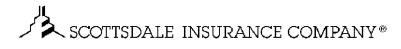
Policy No	DPS0062348		Effective Date 01-09-14	
			12:01 A.M. Standard Time	,
Named Insur	ed BLAKE REIDHEAD,	INC.	Agent No. 43006	

Named Insured	BLAKE REIDHEAD, INC. Agent No.	43006
Covered	Loss Payee Name and Mailing Address	
Auto No.	Except for towing, all covered physical damage "loss" is payable to you according to their interests in the "auto" at the time of the "loss."	· · · · · · · · · · · · · · · · · · ·
35	PACCAR FINANCIAL CORP PO BOX 2374 DENTON, TX 76202	
83	EK LEASING 8200 EISENMAN RD BOISE, ID 83716	



Policy No	DPS0062348		Effective Date	01-09-14
				12:01 A.M. Standard Time
Named Insure	ed BLAKE REIDHEAD,	INC.	Agent No. 430	006

BLAKE REIDHEAD, INC. Agent No. 43006
Loss Payee Name and Mailing Address
Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."
BANK OF NY TRUST CO AGENT C/O NAVISTAR FINANCIAL CORP 425 N MARTINGALE RD 18TH FL SCHAUMBURG, IL 60173
WELLS FARGO EQUIPMENT FINANCE, INC 1540 FOUNTAINHEAD PKWY TEMPE, AZ 85282



Policy No	DPS0062348		Effective Date 01-09-14	
			12:01 A.M. Standard Time	,
Named Insur	ed BLAKE REIDHEAD,	INC.	Agent No. 43006	

Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006
Covered	Loss Payee Name and	Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is according to their interests in the "auto" at the time of the	s payable to you and the loss payee named below
li de la companya de	Except for towing, all covered physical damage "loss" is according to their interests in the "auto" at the time of the PEOPLE'S UNITED EQUIPMENT; FINANCE 17320 RED HILL AVE, STE 250 IRVINE, CA 92614	e "loss."



Policy No. OF	S0062348	Effective Date	01-09-14
			12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43	006
Covered	Loss Payee Name and Ma	ailing Address	
		~	
Auto No.	Except for towing, all covered physical damage "loss" is paraccording to their interests in the "auto" at the time of the "los	-	the loss payee named below



Policy No. OP	S0062348		Effective Date	01-09-14
				12:01 A.M. Standard Time
Named Insured	BLAKE REIDHEAD,	INC.	Agent No. 43	006

Named Insured	d BLAKE REIDHEAD, INC. Agent No. 43006
Covered	Loss Payee Name and Mailing Address
Auto No.	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss."
	Except for towing, all covered physical damage "loss" is payable to you and the loss payee named below according to their interests in the "auto" at the time of the "loss." TCF EQUIPMENT FINANCE INC 11100 WAYZATA BLVD #801 MINNETONKA, MN 55305

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 **Effective Date:** 10–23–2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO ΑZ 85652-

Additional Insured (Lessor): PACCAR FINANCIAL CORP

PO BOX 2374 Address:

DENTON, TX USA 76202

Designation Or Description AZ 35 2007 PETERBILT TRACTOR 357

Of 'Leased Autos': 1NPALUTX97D743991

Coverages	Limit Of Insurance	
Liability	\$ 1,000,000	Each "Accident"
	Actual Cash Value Or Co	st Of Repair Whichever Is Less, Minus
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"
	Actual Cash Value Or Co	st Of Repair Whichever Is Less, Minus
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"
0	Actual Cash Value Or Co	st Of Repair Whichever Is Less, Minus
Specified Causes Of Loss		Deductible For Each Covered "Leased Auto"

information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- 1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premi-

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

Home Office Copy

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POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY Policy Number: OPS0062348 **Effective Date:** 10–23–2013 **Expiration Date:** 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. Address: P.O. BOX 1649 CORTARO AΖ 85652-Additional Insured (Lessor): PEOPLE'S UNITED EQUIPMENT FINANCE CORP 17320 RED HILL AVE Address: SUITE 250 IRVINE, CA USA 92614 Designation Or Description AZ 24 2006 KENWORTH 1NKDXUTXX6R118461 Of 'Leased Autos': AZ 25 2006 KENWORTH 1NKDXUTX06R118467

Coverages	Limit Of Insurance	
Liability	1,000,000 Each "Accident"	
O a way walk a waii ya	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Collision	\$ 1,000 Deductible For Each Covered "Leased Auto"	
o :: .	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"	
Information required to co	mplete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

(Page 20 of 163)

POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 | Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): TRANSPORT INTERNATIONAL POOL

Address: 530 E SWEDESFORD RD WAYNE, PA USA 19087

Designation Or Description AZ 8 2001 PETERBILT 6X4 119.5 BBC ALUM LONG CO

Of 'Leased Autos': 1XP5DB9X01N542093

Coverages	Limit Of Insurance	
Liability	\$ 1,000,000 Each "Accident"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Comprehensive	\$ 1,000 Deductible For Each Covered "Leased Auto"	
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Collision	\$ 1,000 Deductible For Each Covered "Leased Auto"	
Cuacified	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus	
Specified Causes Of Loss	Deductible For Each Covered "Leased Auto"	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

Home Office Copy

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POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	
Countersignature Of Author	prized Representative
Name:	
Title:	
Signature:	
Date:	

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY **Policy Number: Effective Date:** 10-23-2013 OPS0062348 Expiration Date: 10-23-2014 Named Insured: BLAKE REIDHEAD, INC. P.O. BOX 1649 Address: CORTARO AΖ 85652-Additional Insured (Lessor): EK LEASING 8200 EISENMAN RD Address: BOISE, ID USA 83716

Designation Or Description AZ 83 2013 TRINITY TRAILER 1T9SC4021DB656317 **Of 'Leased Autos':**

Coverages	Limit Of Insurance				
Liability	\$ 1,000,000 Each "Accident"				
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Comprehensive	\$ 1,000	Deductible For Each Covered "Leased Auto"			
	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Collision	\$ 1,000	Deductible For Each Covered "Leased Auto"			
Specified	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus				
Causes Of Loss	Deductible For Each Covered "Leased Auto"				

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

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POLICY NUMBER: OPS0062348 COMMERCIAL AUTO
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR - ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:
Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

SCHEDULE

Insurance Company: SCOTTSDALE INSURANCE COMPANY

Policy Number: OPS0062348 Effective Date: 10-23-2013

Expiration Date: 10-23-2014

Named Insured: BLAKE REIDHEAD, INC.

Address: P.O. BOX 1649

CORTARO AZ 85652-

Additional Insured (Lessor): WELLS FARGO EQUIPMENT FINANCE, INC

Address: 1540 FOUNTAINHEAD PKWY TEMPE, AZ USA 85282

Designation Or Description AZ 85 2005 PETERBILT 6X4 127 BBC EXTENDED HOOD

Of 'Leased Autos': 1XP5DB9X55D862246

Coverages	Limit Of Insurance				
Liability	\$ 1,000,000 Each "Accident"				
Comprehensive Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased"					
Collision	\$ 1,000 Deductible For Each Covered "Leased Auto"				
Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus					
Specified Causes Of Loss	\$ 1,000 Deductible For Each Covered "Leased Auto"				

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
- 2. For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - **b.** Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

- We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
- 2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
- If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

- If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

SCOTTSDALE INSURANCE COMPANY®					
	CHANGE ENDORSEMENT NO. 006				
Policy No.	OPS0062348	Effective Date: $01-01-14$ 12:01 A.M ., Standard Time			
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006			

COVERAGE PART INFORMATION - Coverage parts affected by this change as inc	dicated by x below.
Commercial Property	
Commercial General Liability	
Commercial Crime	
Commercial Inland Marine	
X COMMERCIAL AUTO	\$ -1,265.00
CHANGE DESCRIPTION	
THIS POLICY IS AMENDED AS FOLLOWS:	
THE FOLLOWING VEHICLE HAS BEEN DELETED: 0083 - AZ 2013 TRINITY TRAILER	VIN# 1T9SC4021DB656317
PREMIUM CHANGE	
Additional \$	Return \$ -1,265.00
	AUTHORIZED AGENT



Policy No.:	OPS0062348		Effective Date:	01-01-14
•			-	12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD,	INC.	Agent No.: 4	13006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change				
Covered	Vehicle		Description		
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)	
AZ83	D	2013	TRINITY TRAILER	1T9SC4021DB656317	

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ83	CAMP VERDE, AZ	129		\$ 66,500

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ83	500 OR INTRASTATE			2	675210

Policy No.:	OPS0062348		Effective Date: $01-01-14$
-			12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD,	INC.	Agent No.: 43006

	Coverages—Premiums, Limits and Deductibles					
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)		
AZ83	\$ -49					

Covered Auto Number	o Medical ayments Premium	Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
AZ83						-49 R/P

Covered	(Other Than Collis	sion	Col	lision		Total
Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ83	\$ 1,000		\$ -486	\$ 1,000	\$ -730		-1216 R/P

	SCOTTSDALE INSUR	PANCE COMPANY®					
	CHANGE ENDORSEMENT NO. 007						
Policy No.	OPS0062348	Effective Date: $04-28-14$ 12:01 A.M., Standard Time					
Named Insured	BLAKE REIDHEAD. INC.	Agent No. 43006					

COVERAGE PART INFORMATION – Coverage parts affected by this	change as indicated by x below.	
Commercial Property		
Commercial General Liability		
Commercial Crime		
Commercial Inland Marine		
X COMMERCIAL AUTO	\$	1,575.00
CHANGE DESC	CRIPTION	
THIS POLICY IS AMENDED AS FOLLOWS:		
ISSUING AGENCY/PRODUCER OFFICE IS CHAN (5373 S GREEN ST STE 525) MURRAY, UT (84123-4743)	GED TO READ:	
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0086 - AZ 2001 PETERBILT 6X4 1XP5DB9X81D562520	119.5 BBC ALUM LONG CO	VIN#
PREMIUM CI	HANGE	
Additional \$ 1,575.00	Return \$	
	AUTHORIZED AGENT	-

Policy No.:	OPS0062348	Effective Date:	04-28-14
			12:01 A M Standard Time

Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change								
Covered	Vehicle		Description						
Auto Number	Covered Is	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)					
AZ86	A	2001	PETERBILT 6X4 119.5 BBC ALUM LONG CO	1XP5DB9X81D562520					

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount	
AZ86	CORTARO, AZ	118		\$ 30,000	

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ86	500 OR INTRASTATE		110,000	6	505210

Policy No.:	OPS0062348	Effective Date:	04-28-14	
			-	12:01 A.M. Standard Time
Named Insur	ed: BLAKE REIDHEAD	, INC.	Agent No.: 4:	3006

	Coverages—Premiums, Limits and Deductibles							
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)				
AZ86	\$ 1,127							

Covered Auto Number	o Medical ayments Premium	Medical Expense Benefits (Virginia Only)	Income Loss Benefits (Virginia Only) Premium	Motorist	Underinsured Motorist Premium	Total Liability Premium
AZ86		Premium		\$ 6	\$ 5	1138 A/P

Covered	(Other Than Collis	sion	Col	lision		Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ86	\$ 1,000		\$ 175	\$ 1,000	\$ 262		437 A/P

	SCOTTSDALE INSURA	ANCE COMPANY®	
CHANGE ENDORSEMENT NO. 008			
Policy No. OPS0062348 Effective Date: 05-08-14 12:01 A.M., Standard			
Named Insured	BLAKE REIDHEAD, INC.	Agent No. 43006	

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by x below.				
Commercial Property				
Commercial General Liability				
Commercial Crime				
Commercial Inland Marine	\$	-500.00		
CHANGE DESCR	PTION			
THIS POLICY IS AMENDED AS FOLLOWS:				
DELETE CARGO COVERAGE 2001 PETERBILT #2.	519			
THE FOLLOWING FORM(S) HAS BEEN AMENDED: IMS-72 04-12 SCHEDULED AUTO	O TATTMITA C			
THIS 72 OF 12 SCHEDULED AUTO	J DIMITATION			
PREMIUM CHANGE				
Additional \$	Return \$	-500.00		
_	AUTHORIZED AGI	ENT		

ENDORSEMENT

008

Attached to and forming a part of

Policy No. OPS0062348

Named Insured BLAKE REIDHEAD, INC.

Endorsement Effective Date 05-08-14 12:01 A.M., Standard Time

Agent No. 43006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED AUTO LIMITATION

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE FORM

The following is added to Section C. Limits of Insurance:

- 1. We only cover loss to Covered Property on or in an "auto" if the "auto" is described in the Auto Schedule shown below. The most we will pay for loss to Covered Property on or in a scheduled "auto" is the limit indicated in the schedule for the "auto" that is involved in the loss.
- 2. The same Limit of Insurance for Covered Property for a designated "auto" will also apply to any "auto" you do not own while used as a temporary substitute for any "auto" shown in the Auto Schedule below that is out of service due to:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

AUTO SCHEDULE

Auto No.	Auto Description	Limit
7	2001 PETERBILT VIN#1XP5DB9X41N542095	\$ 100,000
8	2001 PETERBILT VIN#1XP5DB9X01N542093	\$ 100,000
10	2001 PETERBILT VIN#1XP5DB9X21D542098	\$ 100,000
13	2002 PETERBILT VIN#1XP5DB9X92D578064	\$ 100,000
		\$
		\$

	/	
AUTHORIZED REPRESENTATIVE	DATE	

SCOTTSDALE INSURANCE COMPANY®	
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CHANGE ENDORSEMENT NO. 009

Policy No. OPS0062348 **Effective Date:** 07-08-14

12:01 A.M., Standard Time

43006

Named Insured BLAKE REIDHEAD, INC. Agent No.

COVERAGE PART INFORMATION - Coverage parts affected by this change as indica	ated by x below.			
Commercial Property				
Commercial General Liability				
Commercial Crime				
Commercial Inland Marine				
X COMMERCIAL AUTO	\$	121.00		
CHANGE DESCRIPTION				
THIS POLICY IS AMENDED AS FOLLOWS:				
THE EXPOSURE FOR WAIVER OF SUBROGATION HAS BEEN	CHANGED FROM 1	TO 2.		
THE PREMIUM FOR WAIVER OF SUBROGATION HAS BEEN \$150.	CHANGED FROM \$7	75 TO		
THE FOLLOWING VEHICLE HAS BEEN DELETED: 0061 - AZ 2001 MATE VIN# 1M9A39	5261H036687			
THE FOLLOWING VEHICLE HAS BEEN ADDED: 0087 - AZ 2002 ALUMITECH VIN# 1EPEB3	9242L185855			
THE FOLLOWING FORM(S) HAS BEEN AMENDED:				
CA 04 44 03-10 WVR OF TRNSFR OF RGHT CA 20 48 02-99 DESIGNATED INSURED	S OF RCVRY AGNS	ST		
PREMIUM CHANGE				
Additional \$ 121.00	Return \$			
	AUTHORIZED AGENT			

Policy No.:	OPS0062348	Effective Date:	07-08-14
		-	12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC. Agent No.: 43006

Coverage	Coverage affected by this change is indicated as: A=Add, D=Delete or C=Change					
Covered	Vehicle	Description				
Auto Covered Number Is		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)		
AZ61 AZ87	D A	1	MATE ALUMITECH	1M9A395261H036687 1EPEB39242L185855		

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
AZ61	CAMP VERDE, AZ	129		\$ 15,000
AZ87	CAMP VERDE, AZ	129		\$ 20,000

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	A ge Group	Code
AZ61 AZ87	500 OR INTRASTATE 500 OR INTRASTATE			6 6	675210 675210

SCOTTSDALE INSURANCE COMPANY® SCHEDULE OF AUTO CHANGES (continued)

Policy No.:	OPS0062348	_ Effective Date:	07-08-14
		_	12:01 A.M. Standard Time

Named Insured: BLAKE REIDHEAD, INC. **Agent No.**: 43006

Coverages—Premiums, Limits and Deductibles					
Covered Auto Number	Liability P.I.P. Added P.I.P. Promium Promium Promium		1	P.P.I. Premium (Michigan only)	
AZ61 AZ87	\$ -18 \$ 18				

Covered Auto Number	Auto Medical Payments		Medical Expense	Income Loss Benefits	Uninsured	Underinsured	
	Limit	Premium	Benefits (Virginia Only) Premium	(Mirainia Only)	Motorist Premium	Motorist Premium	Liability Premium
AZ61 AZ87							-18 R/P 18 A/P

Covered	Other Than Collision			Collision			Total
Covered Auto Number	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium	Towing & Labor Premium	Physical Damage Premium
AZ61 AZ87	\$ 1,000 \$ 1,000		\$ -54 \$ 73	\$ 1,000 \$ 1,000			-136 R/P 182 A/P

(Page 9 of 22)

POLICY NUMBER: OPS0062348

COMMERCIAL AUTO CA 04 44 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Endorsement Effective Date:	

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

M.R. TANNER MINING, INC., M.R. TANNER MINING E&L, L.L.C., QUEEN CREEK PIT, LLC, AND RANKIN PIT, LLC

VULCAN MATERIALS CO.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

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POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	,
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

CEMEX, INC. AND SHIPPER, AFFILIATES, SUBSIDIARIES РО ВОХ 1128 GLENVIEW, IL 60025

WESTERN ROCK PRODUCTS 851 N RED ROCK ROAD ST GEORGE, UT 84770

VULCAN MATERIALS CO. AND ITS SUBSIDIARY COMPANIES 2526 EAST UNIVERSITY DRIVE PHOENIX, AZ 85034

GINS BROKERAGE INC 592 N MILL ST PLYMOUTH, MI 48170

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

SCOTTSDALE000186

(Page 11 of 22)

POLICY NUMBER: OPS0062348 **COMMERCIAL AUTO** CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
Inamed Insured.	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s):

HANSON AGGREGATE AZ, INC PO BOX 1630 CLARKDALE, AZ 86324

M.R. TANNER MINING, INC. M.R. TANNER MINING E&L LLC QUEEN CREEK PIT LLC RANKING PIT LLC 1327 W SAN PEDRO STREET GILBERT, AZ 85233

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

SCOTTSDALE000187